

RN

SEPTEMBER 1960



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Guide
to the
Medical
Specialties



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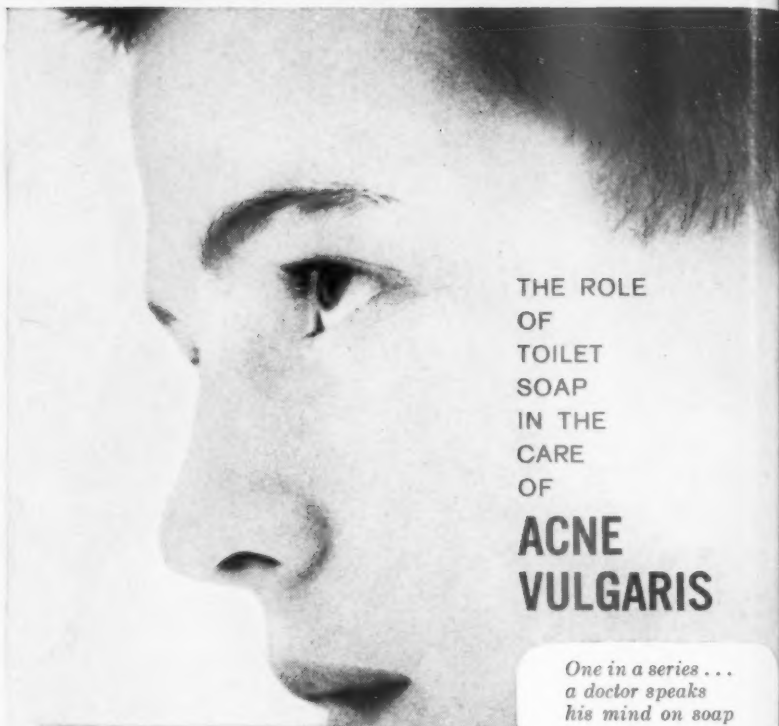
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"Local therapy should correct the seborrhea and local infection . . . The skin should be moistened and massaged with a mild soap two or three times a day."

DOWNING, JOHN GODWIN: Medical Clinics of North America, Vol. 39, No. 5, p. 1254 (September) 1955

When a bland soap is indicated, here are some facts from Procter & Gamble that may be helpful: Ivory Soap helps prevent follicular clogging of skin disturbed by seborrhea. In making this mild, pure soap . . . every possible precaution is taken to eliminate ingredients that might disturb skin. As a nurse, you'll be interested in knowing that more hospitals choose Ivory . . . more doctors advise Ivory than any other skin soap! 99⁴⁴/₁₀₀% pure® . . . it floats



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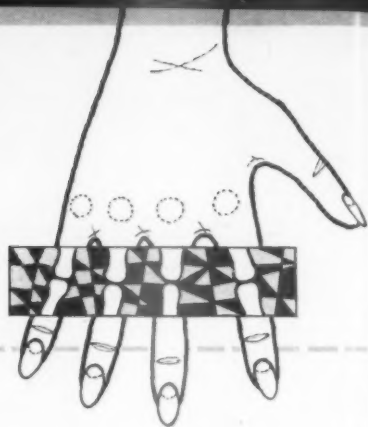
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RN *letters*

PANHANDLE VIEWPOINT

DEAR EDITOR: At nurses' meetings here in the Texas Panhandle, our members have discussed Dr. Ginzberg's two-part article, "Is Nursing Really a Profession?"

We reacted to Part One with resentment. But after Part Two appeared, we realized that the article was challenging us to improve and strengthen our profession.

Needless to say, we're unanimous in our opinion that nursing *is*—and always will be—a profession. But we're also agreed that we must constantly be alert to the need for better professional standards and for more than "book education."

Thanks for prompting us to take a new look at nursing. The article stimulated our interest and produced thought-provoking questions and answers. We feel we gained a great deal by discussing it.

Betty Lipscomb, R.N.
President, District 23
Texas Graduate Nurses'
Association
Phillips, Tex.

TEAMWORK

DEAR EDITOR: In your May issue, Ilse Wolff explained how the nurse can best answer the patient who asks, "Do I have cancer?"

I suggest that the nurse tell the physician in charge about the patient's fears. The nurse can then find out what the doctor has told the patient; and the doctor, in turn, can learn what the nurse has said.

Teamwork—in this situation as in others—is important for the patient's best interests.

W. Alan Wright, M.D.
Montclair, N.J.

R.N. PARTNERSHIPS

DEAR EDITOR: Re your August article about the R.N. partnership that has worked out so well for two part-time nurses at our hospital:

Many nursing directors receive applications from R.N.s seeking part-time work. When no part-time openings exist, they usually discard these applications.

I suggest saving them. Then when a full-time opening occurs, work out a schedule so that two part-time R.N.s can fill the position as partners. Present the plan to both applicants. If they're not interested, match up other potential partners till you find two who are glad to accept the job.

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12 RN • SEPTEMBER 1960

Letters

Job-sharing has advantages for all concerned.

Mary Alice Cortez, R.N.
Director of Nursing Service
Bethesda General Hospital
St. Louis, Mo.

PAY IN L.A.

DEAR EDITOR: Recently a Los Angeles newspaper carried the following help-wanted ads by the same company hospital:

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Why any hospital starts its medical secretaries at \$30 a month more than its day nurses is beyond my comprehension. No wonder there's a nurse shortage!

Barbara G. Gjerset, R.N.
Burbank, Calif.

RESUSCITATOR BAG

DEAR EDITOR: In your recent article on infant resuscitation, the Ambu resuscitator that's pictured is described as having "a snug-fitting face mask and anesthesia bag."

Actually, the bag shown is designed specifically for resuscitation. It has a foam-rubber lining that causes it to reinflate after each squeeze. Without this lining, it would stay flat and would have to be reinflated with oxygen or compressed air. *More►*

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letters

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Robert J. McKeown
Harvey & Thomas
Philadelphia, Pa.

MOVING THE INJURED

DEAR EDITOR: As a school nurse, I found the information in "Splint Them Where They Lie," by Carl B. Young Jr., most useful. Now I'd like to know how to move the accident victim with a back or a pelvic injury onto a fracture board.

Bernice Rosenberg, R.N.
Los Angeles, Calif.

Says Mr. Young: "Have one person kneel at the victim's head and at least three persons kneel on each side. Tell them that when you give the signal, they should carefully raise the victim several inches while you ease the fracture board into position. Then they should lower the patient gently."

"If he has a suspected fracture of either the cervical spine or the pelvis, he should be placed face up. If he has a possible back fracture, he may be placed either face up or face down, depending on how he is lying when found."

"The fracture board should be covered with a folded blanket."
Ed.

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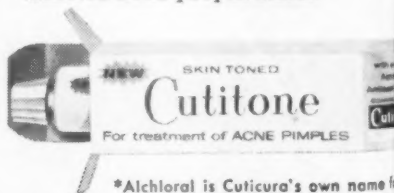
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Coolidge, C. W.; Glisson, C. S., and Smith, A. S.: *J.M.A. Georgia* 48:167, 1959.

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RN news

'No-Strike' Pledge Halts Threat at 10 Hospitals

Unionized nonprofessional, technical, and clerical workers at ten voluntary hospitals in New York City recently called off a threatened walkout and agreed to a formula that may bring five years of labor peace.

Under the settlement, the Greater New York Hospital Association agreed to withdraw its six representatives from an existing twelve-member grievance committee. The committee will then consist of six representatives of the public. Six nonvoting consultants will be added: three appointed by the hospitals and three by organized labor.

The settlement ended a long dispute between the association and Local 1199 of the Drug and Hospital Employees' Union. The union had maintained that the grievance committee—set up last year after a forty-six-day strike at seven hospitals—was weighted in favor of hospital management.

In exchange for the hospital association's concession, the union made a five-year "no-strike" pledge. But union leaders made it clear they wouldn't feel obligated

to keep members at work in any member hospital that, in the future, rejected a grievance committee recommendation.

Vitamin E Helps Prevent Abortion, M.D. Finds

A Canadian physician challenges the long-held theory that a doctor shouldn't try to stop spontaneous abortion because most fetuses thus lost are abnormal.

The physician, Dr. Evan V. Shute of London, Ont., contends that fetal loss can and should be prevented, and that most fetuses thus saved are *not* abnormal.

Alpha-tocopherol—a source of vitamin E—is, he says, "at least as effective as any reported therapeutic agent in the management of threatened abortion."

About 10 per cent of all diagnosed pregnancies end in spontaneous abortion, says Dr. Shute. But among his own OB patients—all of whom were given vitamin E as soon as pregnancy was recognized—abortion and miscarriage together totaled only 3.2 per cent over the past twenty-five years.

Of 195 babies delivered at or near term after threatened abor-

Have you treated Decubitus Ulcers

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You'll find this skin-like plastic film dressing is more than a spray-on protective coating—it is a new and different method of encouraging more satisfactory healing in established ulcers and of preventing¹ impending ones.

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In this patient, a paraplegic admitted¹ for treatment of a duodenal ulcer, Aeroplast film dressing has been sprayed over the entire decubitus ulcer covering all necrotic areas.



Two weeks later, the necrotic tissue over the iliac crest and sacrum has sloughed off. Buds of new tissue can be seen under the plastic film.

Why don't you try Aeroplast Dressing? In addition to treatment and prevention of decubitus ulcers, it can be used to advantage to offset skin breakdown in friction areas such as ankles, elbows and knees. A choice of sizes is available: 12 oz., 6 oz., and 3 oz., all aerosol cans. Aeroplast Dressing is sterile, always ready for use, and takes up little storage space. You can order through either your druggist or your surgical supply dealer. For more information, including a reprint of Miss Cannell's article, write **AEROPLAST CORPORATION**, Station A-Box 1, Dayton 3, Ohio.

1. Cannell, I. J.: *Am. J. Nursing* 58:1009, July, 1958
 ®Aeroplast—U.S. Pat. No. 2,804,073

news

tion or miscarriage, only thirteen were anomalous. Six died. "Surely these anomalies," says Dr. Shute, "were not too high a price to pay for the lives of 182 normal children."

Hypothermia Stressed in Coronary-Care Plan

A unique plan for the emergency care of patients who survive an initial heart attack is suggested by Dr. W. Carleton Whiteside of Victoria, B.C., in a report to the International College of Surgeons. His suggestion:

- ¶ Establish a coronary-care unit in every hospital.

- ¶ Staff each unit with a team that includes an interne, an anesthetist, and a nurse-specialist.

- ¶ Authorize team members to take needed emergency measures (such as heart massage) without asepsis, if necessary. ("Not a second is to be wasted with gloves, towels, and the like. We can clear up infection, but we cannot clear up death.")

- ¶ After emergency treatment, start hypothermia to slow down the metabolic rate. If needed, keep the patient in a hibernation-like state for several days until the heart can resume its normal workload.

Panel Scores OB Fads

Are doctors and nurses encouraging faddism in labor- and delivery-room care?

More▶

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1. Collins-Williams, C.: *Canad. Med. J.* 75:934 (Dec. 1) 1956.

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news

They seem to be, a panel of experts agreed recently at the Illinois Congress on Maternal and Infant Health. Members of the panel noted that:

¶ OB patients often demand the use of some "painless" technique they've read about in a popular magazine.

¶ Many M.D.s and R.N.s comply with such demands. Result: A technique that may be excellent in a specific case gets used routinely—sometimes indiscriminately.

Among techniques the panel regarded as overused are hypnosis, "natural" childbirth, saddle-block anesthesia, continuous-caudal analgesia, Caesarean section, and induction of labor.

Hospitals to Drop 5-Year B.S.N.-R.N. Program

In 1965, three hospitals in the Chicago area will drop their five-year college-affiliated course that's frowned on by the National League for Nursing. But they'll keep a similar six-year course.

The program to be dropped requires two years of college work followed by three of hospital training. The graduate qualifies for a B.S.-in-Nursing degree and a hospital diploma.

The program to be kept requires three years of college plus the hospital training. The graduate qualifies for an A.B. degree and a hospital diploma.

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news

According to the Chicago Sun-Times, a spokesman for the Chicago Council on Community Nursing recommends that "girls who want a professional career in nursing attend a four-year school of nursing that is an integral part of a university." There are only three such N.L.N.-accredited programs in the Chicago area, the Sun-Times says.

'Child-Proof' Medicine Cabinet

A new "press-the-button" game may become popular with parents if this "child-proof" medicine cabinet now being investigated by the Public Health Service is proved to be effective.

The cabinet, designed to cut the accidental poisoning toll, opens only when a series of five buttons are pressed in correct combination. It's expected to thwart children under the age of 5—that is, if mother remembers not to demonstrate the combination while the children are looking.

P.N. School Admissions Show Uptrend

New admissions to schools of professional nursing went up only one-tenth of 1 per cent in 1959 over 1958. But admissions to schools of practical nursing jumped 9.3 per cent.

Admission figures compiled by the National League for Nursing

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news

show that schools of practical nursing gained 2,000 new students in 1959 over 1958 while schools of professional nursing gained only 446. (The totals: practicals, 23,500; professionals, 47,797.)

Of the applicants admitted to professional schools, 81 per cent enrolled in diploma programs, 16 per cent in baccalaureate-degree programs, 3 per cent in associate-degree programs.

capsules

The Public Health Service is not yet convinced that **live-virus polio**

vaccine is entirely safe and effective, says Surgeon General Leroy E. Burney . . .

New vacuum extractor for use instead of forceps in **difficult deliveries** minimizes maternal complications, according to a recent report from Kings County Hospital Center, Brooklyn, N. Y., where the device has been utilized . . .

The American Pharmaceutical Association expresses "grave concern" about a mail-order **prescription service** for epileptics set up recently by the National Epilepsy League. "One lost package can



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have tragic implications," it warns. Adds the American Medical Association: "The unorthodox practice of mail-order filling of prescriptions is not in the best interests of the patient." . . .

To combat systemic leakage of anticancer drugs during **isolation perfusion**, Houston (Tex.) M.D.s reportedly monitor the drugs by use of an isotope tracer and a scintillation counter . . .

There's been virtually no change during the past five years in the percentage of **hospital-staph strains** that resist penicillin and streptomycin, the Journal A.M.A. reports.

The figures: penicillin-resistant staph, 60-80 per cent; streptomycin-resistant, about 55 per cent . . .

"Everybody has a voice in **nursing education**—except us," contends a New Jersey R.N., citing this example: Recently the state nursing board suggested changes in the curriculum of hospital schools. The state hospital association didn't like the changes. So it consulted the state medical society. Together, the two organizations offered substitute proposals—without bothering to consult any nursing organization.

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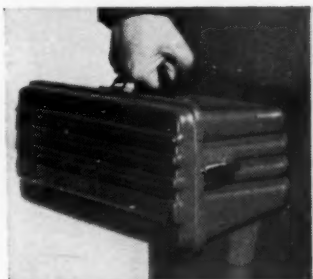
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RN

literature and samples

BACTERICIDE—FUNGICIDE: Bactine is a formulation which exhibits antibacterial, anti-fungal, cleansing and deodorizing actions. A summary report, "Laboratory Studies on Bactine", includes effectiveness data against various organisms, instructions for dilution and use, and pharmacological data. The report is offered with a clinical trial supply. Miles Laboratories, Inc. **J-1**

INTERNAL MENSTRUAL PROTECTION: Tassette is a cup of soft pliable rubber which fits anatomically to impede and collect menstrual flow. The use of Tassette is described in clinical data and booklet material offered by the manufacturers. Tassette, Inc. **J-2**

COOKING WITH CORN OIL: A new forty-eight page booklet describes ways to cook for health with corn oil. A foreword gives the medical history to date of the use of unsaturated oils in low cholesterol diets. Also included is a group of enticing recipes. Corn Products Co. **J-3**

SKIN HEALTH: Hollandex Silicone Ointment contains natural cod liver oil, with vitamins A and D, and a mild non-irritating antiseptic in a lanolin base.

Hollandex is described as a medicated ointment for tender skin rather than a cosmetic. A sample is offered. Holland Rantos Co. **J-4**

BANDAGING PROCEDURES: Here's an informative booklet on bandaging in which various techniques are described, and illustrated with easy-to-follow drawings. Specific instructions are included for the use of Gauztex, a sterile, self-adhering bandage. General Bandages, Inc. **J-5**

HEARING LOSS: The subject of deterioration of hearing ability is discussed in a booklet, "Hearing Loss and the Family Doctor". Deafness is defined, types of hearing loss are described, and the possibilities of rehabilitation under varying circumstances are discussed. Zenith Hearing Aid Div. **J-6**

SKIN ISOLATION: A folder describes a new method of isolating operative wounds from the patient's own skin, as shown in a new color motion picture which illustrates the use of Vi-Drape Film and Vi-Hesive Adherent in a wide variety of surgical procedures. The folder, and a film scheduling request form are offered. Aeroplast Corp. **J-7**

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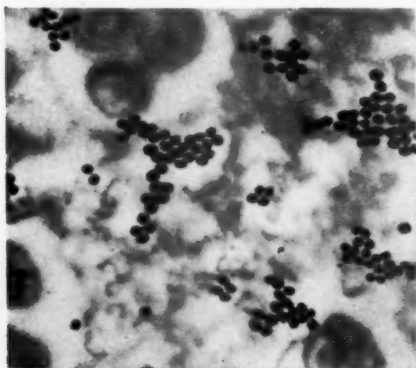
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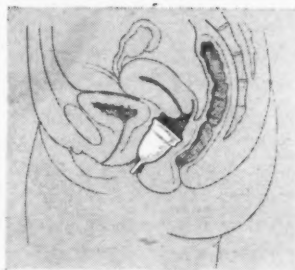
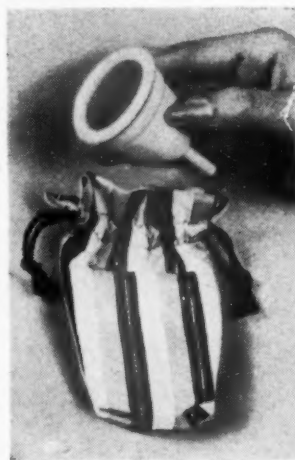
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References: 1. Lorincz, A. L., and Rothman, S.: *M. Clin. North America* (Mar.) 1958, p. 497. 2. Rattner H.: *Postgrad. Med.* 25:446 (Apr.) 1959. 3. Pillsbury, D. M.; Shelley, W. B., and Kligman, A. M.: *Dermatology*, Phila., Saunders, 1956, p. 813. 4. Sulzberger, M. B., and Witten, V. H.: *M. Clin. North America* 43:200 (May) 1959.

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RN

The Forgotten Nurse

AN EDITORIAL

The platforms of both the Democratic and Republican parties pledge support to new Federal programs designed to ease the doctor shortage by (1) aiding medical school construction and (2) helping medical students financially.

RN enthusiastically endorses these planks, but *RN* is alarmed that neither party carries its concern for the health needs of the American people one further—and even more necessary—step. *Neither party takes a stand that would help ease the nurse shortage.*

Once again the nurse is forgotten in the nation's medical planning.

Recently Ralph E. Snyder,

M.D., President and Dean of the New York Medical College, Flower and Fifth Avenue Hospital, New York City, said: "... this shortage . . . is of great concern, not only to those of us who are an integral part of the health professions but, indeed, to all members of our national, state, and local communities because in the area of health, unlike taxes, there are no exemptions . . . To understand the effect of the nursing shortage on patient-care, it is necessary to define the role of the nurse. The health team led by the physician is composed of many important members. Next to the physician, the nurse is the most important member *and in many ways is often more import-*

THE FORGOTTEN NURSE

ant than the physician." (Italics are ours.)

We agree with Dr. Snyder. It is highly important that the present unsatisfactory ratio of 268 professional nurses per 100,000 population be increased as soon as possible to at least 300—preferably to 350. To achieve even the *minimum* increase needed, the nation must produce more than 380,000 diploma graduates and 180,000 baccalaureate graduates by 1970. This can be done only if 20 per cent more girls enter diploma programs and 33 per cent more enter baccalaureate programs than at present. Thus, money for additional scholarships and facilities *must* be made available. And the major source of this money must be the Federal Government.

The legislative program of the American Nurses' Association calls for support of two bills now

in Congress. Each bill would, in some measure, help alleviate the present nurse shortage. The first, the Humphrey-Green Bill, provides funds—both to R.N.s and would-be student nurses—for full-time study toward baccalaureate degrees in nursing. The second, the Roberts Bill, authorizes Federal grants to assist states in strengthening professional nurse education through a fund-matching program.

RN believes that, in this political year, every nurse should get behind these and similar bills. We believe that, with a closely contested national election coming, vote-conscious politicians will give you a hearing.

So drive your point home to your local Congressional candidates. At the same time, sound them out, so you'll know what to expect of them before you go to the polls on November 8. **END**

With her eyes wide open

On his second day at our hospital, 7-year-old Tommy wrote a card to his mother:

"Gee, this is a wonderful place. Everyone treats me swell. I have a bed to myself. So has everyone except the night nurse. She sleeps in a chair." —MARGARET SPILLAN, R.N.

Caring for Colostomy and Ileostomy Patients

BY DIANE SEIDE, R.N.

The post-op colostomy patient waits fearfully for the nurse to arrive and change his dressing. What a messy job, he thinks. He'll never get used to changing the dressing himself . . . Why did *this* have to happen to him?

In the same ward another patient waits to go to the O.R. He's scheduled for an ileostomy. He reaches for the bedpan. He hates to keep calling the nurse every time he needs it, for he needs it practically all the time.

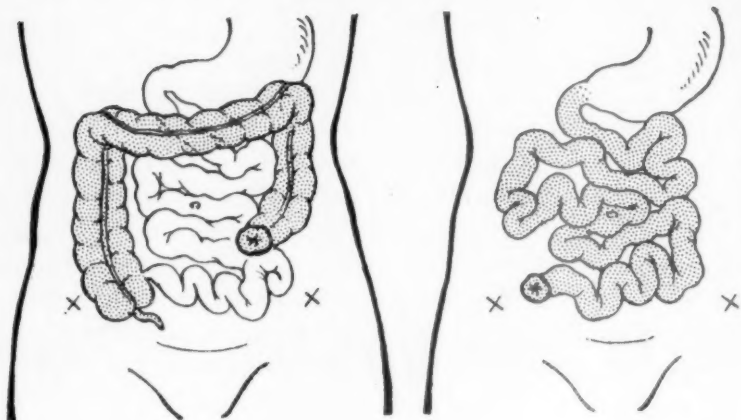
He too is fearful. But, he thinks wryly, after his operation he'll at last be rid of the bedpan—and for good . . .

The experienced R.N. knows that both these patients need

skillful nursing care. She knows that, equally important, they need special emotional support in adjusting to the radical change their operation makes in their lives. Because she *is* experienced, she's able to meet the needs of both patients, confidently and competently.

But what of the R.N. who's on private duty, or at a small hospital, or temporarily inactive? She's seldom called on to give colostomy or ileostomy care. When she is, she may find herself at a loss to recall such points as (1) the major differences between these two operations, (2) the emotional needs of her patients, and (3) the special tech-

COLOSTOMY AND ILEOSTOMY PATIENTS



THE SIGMOID AND RECTUM are removed in a typical colostomy (left). In typical ileostomy, the colon and a segment of distal ileum are removed.

niques that are being used in caring for them.

Here, in review, are up-to-the-minute facts covering these points and others.

► The causes, and the operations.

Colostomy: This is made necessary by mechanical obstruction of the lower bowel, as by a malignant tumor or an inflammatory mass.

The surgeon pulls a short length of colon through the wall of the abdomen, thus providing a stoma (opening) for intestinal drainage. The colostomy may be temporary—for example, to divert the fecal stream until the

more distal bowel has healed. Or, in cases where abdominal perineal resection has been necessary, it will be permanent.

Ileostomy: In 95 per cent of the cases, ulcerative colitis is the basic condition. This disease often provokes uncontrollable diarrhea. The colon's lining becomes severely ulcerated. Serious hemorrhage or perforation may result. Ileostomy and colostomy may be necessary when the condition is not otherwise manageable. Since the Thirties, the operation's mortality rate has dropped from 30 to 8 per cent or less.

As in a colostomy, the surgeon

pulls some intestine through the wall of the abdomen to form a stoma. But in an ileostomy, it's the ileum (not the colon) that's opened for drainage. Also, the ileostomy opening is almost always a permanent one.

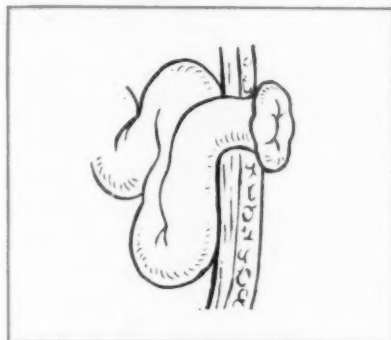
► The kinds of discharge.

Colostomy: At first the stool removed via the colostomy opening may be liquid or semisolid. However, since most colostomies

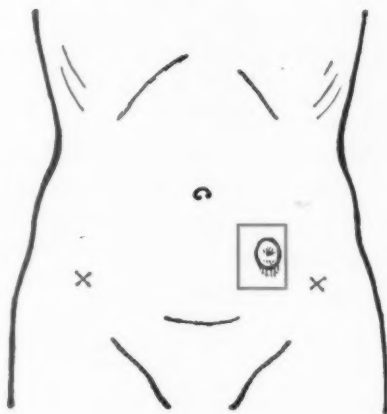
are of the transverse or sigmoid colon, and since almost all the water is resorbed in the right side of the colon, bowel movements assume a more normal fecal consistency after the first few weeks.

Ileostomy: Here the waste is a liquid that contains active digestive enzymes. It's allowed to drain constantly. The skin is protected to prevent its digestion by the enzymes. *More►*

COLOSTOMY STOMA is formed by pulling colon through the abdominal wall; an ileostomy stoma, by pulling the end of the cut ileum.



THE COLOSTOMY OPENING is usually made in the lower left abdominal quadrant, as shown. The ileostomy opening is usually made in the lower right quadrant.



COLOSTOMY AND ILEOSTOMY PATIENTS

► The preoperative condition of the patient.

Colostomy: Any one of a number of conditions may make this operation necessary, among them especially cancer of the distal colon or rectum. Generally the patient will have been ill for

a relatively short time. Some may not be incapacitated except for lack of adequate bowel function. Others may be severely ill from the debilitating effects of bowel obstruction.

Ileostomy: The ileostomy patient will usually have been ill

Basic Differences Between A Colostomy and an Ileostomy

	COLOSTOMY	ILEOSTOMY
<i>Reason for doing:</i>	Low-bowel obstruction; malignancy of colon or rectum; an inflammatory mass, as in diverticulitis	Severe ulcerative colitis
<i>Location of stoma:</i>	The colon	The ileum
<i>Type of discharge:</i>	Solid or semisolid feces	Liquid, irritating, small bowel content
<i>Regulation and management:</i>	Diet and irrigation	Low residue diet and ileostomy bag
<i>Restrictions on the patient:</i>	May return to work and other normal activities (if radical surgery for cancer has been performed, sexual potency and/or fertility may be impaired in the male)	Same (sexual potency and/or fertility are not affected except in a small percentage of males who have had the rectum removed)

extremely ill prior to operation. He often will have had ulcerative colitis for some time. So he may be malnourished, exhausted, and nervous.

Both these patients suffer emotional trauma. For they both face a sudden, basic change in bodily functioning. They may be angry, frightened, or depressed. This upset probably will be less severe for the patient who faces a temporary colostomy only, more severe for the one who knows that colostomy or ileostomy will be permanent.

► The importance of the nurse's attitude.

By accepting the patient and his handicap matter-of-factly, the nurse can do much to help him make a good adjustment. This is especially important during the early post-op period. Before trying to counsel the patient, she'll want to get all the facts from his physician. For if she has wrong information, she may do the patient more harm than good.

When the patient first sees the colostomy or ileostomy, he can't help but be upset. He may develop deep-seated feelings of self-rejection and despair.

If the nurse obviously avoids changing his dressing, or inad-

vertently shows distaste while doing this task, she'll enforce the patient's self-rejection. But if she cheerfully goes about her duties just as she does with every other patient, her attitude of acceptance will help the patient immeasurably.

► Giving colostomy care.

In the past, many a colostomy patient had to wear a drainage bag. Irrigation was often necessary, too.

Today, control of fluid intake and of diet has greatly reduced these practices. In place of the drainage bag, a gauze dressing is usually sufficient. This may be covered by waterproof material and held in place by adhesive or by an elastic belt.

Since digestive enzymes aren't active in the colon, skin maceration seldom develops. Washing the colostomy with soap and water, followed by thorough drying, usually are all that's needed. If irritation develops, an aluminum paste or a zinc oxide ointment may be used. (A chlorophyll or charcoal preparation is sometimes added to the dressing to help prevent odor, although this measure usually is of questionable value.)

If irrigation becomes neces-

COLOSTOMY AND ILEOSTOMY PATIENTS

sary, there are two points to remember: (1) Unless otherwise ordered, do the irrigation at the same time each day, either an hour before or an hour after a meal; (2) let the patient help until he's able to do the irrigation himself.

Here's the procedure:

Assemble, on a tray, the irrigating can and tubing, a clamp, a small basin, an 18-French catheter, a urinal, a lubricant, two abdominal pads, a sterile dress-

ing, and a sheet. Then prepare the prescribed solution (usually 1,500 cc. of tap-water saline, or whatever is ordered, at 105° Fahrenheit).

Unless the patient is bedfast, help him to the bathroom. Drape him as he sits on the toilet, then remove the soiled dressing.

Now, holding the abdominal pads under the stoma, place the basin against them. Ask the patient to hold the basin firmly in place. Lubricate the catheter and

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My Most Unforgettable Patient

Julio, aged 18 months, was the kind of patient every pediatric nurse dreams of: cheerful and affectionate in spite of acute discomfort.

He'd been hospitalized for a skin disease that covered his body with itchy lesions. Yet he smilingly submitted to an unappetizing diet and—for a time—to restraints.

THIS ARTICLE has won an RN Award for its author, a Mill Valley, Calif., nurse.

We didn't relish the job of tying him, spread-eagled, in his crib. But if we hadn't, his bandages—soaked in a colloidal oatmeal solution—would have been off in two minutes flat.

Our treatment was medically effective but emotionally disturbing. Julio became irritable and began to have tantrums.

Then somebody had a bright idea. We brought a new galvanized garbage can from the stock-

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insert it into the stoma. If resistance is met before the catheter reaches a depth of four inches, don't force it for there is danger of perforation. Allow some solution to flow, then withdraw and reinsert to the required depth.

Now, check to be sure the irrigation can is no more than twelve inches above the level of the stoma. Let the solution flow slowly. After the irrigation is completed, give the patient the

urinal to hold under the stoma. Tell him to ring for you when the solution has been expelled. Leave the room, but be readily available if the patient should need your help.

When you return, wash the skin around the stoma, dry it thoroughly, and apply the dressing before helping the patient to his bed.

► Giving ileostomy care.

The ileostomy patient starts out with a low-residue diet to

le Patient

BY SUZANNE GOREN, R.N.

room, scrubbed it, and half-filled it with warm oatmeal solution. Then we undressed Julio, put him into the can, and taught him to hold onto the rim.

Surprised at first, he soon was laughing with glee. Then, standing chest-high in the solution, he began splashing at us whenever we walked by.

He enjoyed his private pool so much that we gradually increased the time he spent in it

each day. Finally, we even fed him some of his meals while he splashed happily about.

The new treatment worked so well that Julio began to improve rapidly. He was discharged much earlier than had been expected.

I've seen hundreds of children treated with costly equipment. Yet no other one lives in my memory like that little boy who smiled at me over the rim of a can labeled "GARBAGE." END

COLOSTOMY AND ILEOSTOMY PATIENTS

help control excessive leakage from the ileostomy. Some food restrictions may then be gradually removed. Foods with much residue and strong intestinal stimulants are avoided.

The patient wears an absorbent dressing or a disposable plastic bag until he's fitted with a permanent appliance. The nurse changes the temporary bag at least once daily. In some instances she may have to change it after he awakes; after breakfast, lunch, and dinner; and at bedtime.

The appliance must be cemented to the patient's skin. So the first time, the doctor usually applies it. Thereafter the nurse changes and cleans it.

The Permanent Appliance

The permanent appliance consists of a flat rubber (or disposable plastic) bag and a belt. A disk-rimmed opening on one side of the bag fits over the stoma and is cemented to the skin. The bag has an opening at the bottom for emptying accumulated fluids. Metal flanges slip over the belt.

When replacing a soiled bag with a clean one, you need the following: a basin of warm water and one of soapy water, a kidney

basin, a medicine dropper, sponges, tissues, ileo cement, a cement solvent, karaya gum powder, talcum powder, and the clean bag.

How to Handle It

After draping the patient, draw up cement solvent into the medicine dropper and apply it to the skin surrounding the disk of the soiled bag. As the cement dissolves, gently pull the disk away from the skin. Then place the soiled bag in an empty basin.

Wash the skin around the stoma and dry it thoroughly (but don't rub). If the doctor has ordered a skin medication, apply it. If not, dampen the skin and sprinkle it with karaya gum powder.

Now spread a thin layer of ileo cement around the base of the stoma. Spread the cement slightly beyond the area that the disk will cover. Allow the cement to become gummy, sprinkle more gum powder on it, then add a second layer of cement. Now apply the cement to the disk of the clean bag.

When this too has become gummy, carefully place the disk close around the ileostomy. Then

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*When a Young Friend
Asks You About*

Preparing for Nursing



Perhaps your niece or nephew, or the daughter or son of a friend, is considering a career in nursing. (More boys are going into nursing than formerly, and the number is expected to increase.)

"But," your young friend complains, "some of my classmates are talking about a two-year nursing program. Others, about a three-year program. And Susie Jones says *she* is enrolling in a program 'on the college level,' as she puts it, that will take four

years! Just how do these programs differ? Which one is the best for *me*?"

Nursing is changing so rapidly today that those two questions pose a real challenge for the conscientious nurse.

The chart on the next page will help you answer your young friend's first question. Then, by getting information from schools and colleges representing the three programs, she (or he) can answer the second question satisfactorily.

Of course, you'll want to add what you know from your own experience. This, plus knowledge of your young friend's abilities can help you guide her (or him) in making a wise choice.

Three Ways to Enter

JUNIOR OR COMMUNITY COLLEGE

HOSPITAL SCHOOL

COLLEGE OR UNIVERSITY

Where You Study

In the college, with laboratory experience in community hospitals and health agencies

In the hospital conducting the nursing school; sometimes in affiliated hospitals and/or in a college or university providing some courses; in health agencies

In a college or university and in associated hospitals and community health services (visiting nurse services, health departments, industrial nursing services)

What You Study

Nursing theory and practice; general subjects (basic sciences, the liberal arts) at junior-college level

Nursing theory and practice; general subjects, primarily in the basic sciences; often some courses in the liberal arts

Nursing theory and practice coordinated with college-level courses in general education, basic sciences, the humanities, the arts

For How Long

For 2 academic to 2 calendar years

Usually for 3 calendar years (a few programs are shorter)

For 4 academic to 4 calendar years (a few schools offer 5-year programs)

What the Tuition Costs

Free tuition in state- or city-supported junior colleges; up to \$2,000 in private junior colleges

From free tuition up to \$1,000 or more for the three years

Free tuition in state- or city-supported colleges; up to \$2,000 or more yearly in private colleges

Professional Nursing

**JUNIOR OR
COMMUNITY COLLEGE**

HOSPITAL SCHOOL

**COLLEGE
OR UNIVERSITY**

Where You Live While in School

At home, or in the college dormitory, or in another approved residence

Usually in a nursing school dormitory (some schools allow students to live at home)

At home, or in the college dormitory, or in a sorority or fraternity house, or in another approved residence

The Diploma or Degree You Earn

Associate Degree in Nursing, or in Science, or in Arts

Diploma in Nursing

Bachelor of Science with a major in nursing

What You're Prepared to Do on Graduation

General duty nursing under supervision in a hospital or similar institution

The same

The same, with progression to head nurse in some hospitals; or, if your program is approved for public health nursing by the N.L.N., staff nursing in a public health agency, or school nursing

If You Want to Continue Your Education

Colleges and universities with nursing programs may give credit toward a bachelor's degree for your associate-degree work

Colleges and universities with nursing programs may grant credit of up to two years toward a bachelor's degree

Colleges and universities may admit you for study toward a master's in fields such as administration, education, research

'YOU Make Out the Time Sheet, Please!'

So many R.N.s complained about the work schedule that the head nurse lost her temper. Here's what happened

By Charlotte Isler, R.N.

We sat at a corner table in the coffee shop of the Hackensack (N.J.) Hospital. Mrs. Jacqueline Willingham, O.R. supervisor and assistant director of nurses, introduced me to the other R.N.s present: Bertha Garbarini, head nurse on the surgical floor; Jeanne Downs, general duty nurse on the same service; and Barbara Frimmel, an orthopedics staff nurse.

"What is it you'd like to know?" Mrs. Willingham asked.

"I've heard that some of your nurses have worked out a new approach to an old problem: the weekly time sheet."

Mrs. Willingham smiled. "Bertha can tell you about that."

"Fine," I said, reaching for my notebook. "Suppose I jot down the details as all of you give them to me."

MISS GARBARINI: The story started during my first year as head nurse on the surgical service. I used to get nervous every time I had to make out the next week's assignments. I'd fuss and struggle to give each nurse the duty hours and the time off she wanted. But no matter how hard I tried, someone complained.

One day I decided that I'd had it. When the next nurse ap-

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THE TIME-SHEET SYSTEM in use at the Hackensack (N.J.) Hospital is explained to the author (seated, right) by these R.N.s: (left to right) Barbara Frimmel, Bertha Garbarini, Jacqueline Willingham, and Jeanne Downs.

proached me, I was ready. "All right," I said, "if you think you can do it any better, go ahead. You make out the time sheet!"

MISS DOWNS: From then on, each nurse on our floor took turns doing the sheet two weeks at a time. When my turn came, I thought the job would be simple. The time sheet has just so many spaces for each day. As I saw it, all I had to do was fill the spaces with names. So I did that. Then I double-checked to be sure my

schedule had the right number of people for each shift.

After I'd posted the sheet I felt pretty smug—for a few minutes. Then the girls took a look and started complaining.

MISS GARBARINI: Yes, Jeanne soon learned how rough the time-sheet chore can be! As we passed this duty from nurse to nurse, I told each that any criticism would go to her, not to me. That was a real relief for me.

MISS DOWNS: And a real ed-

'YOU MAKE OUT THE TIME SHEET, PLEASE!'

ucation for the rest of us! (Laughter.)

There was so much dissatisfaction with my first time sheet that I tore it up and started over. This time I asked each girl if she had any special request for time off. Then I checked the standing-requests book. This told me which nurses had *permanent* preferences for days off. But the book didn't tell me what to do if permanent requests conflicted with special requests!

By much maneuvering, I managed to figure out a time sheet that took care of most requests. After it was posted, I found that some girls who *hadn't* made requests were unhappy. For example, one day-shift R.N. complained because I'd put her down for 3 to 11 P.M. on Thursday. I'd done that so I could give an afternoon nurse the week-day off she had requested. Another protested that her two days off came too early in the week. And so on.

MISS GARBARINI: As an on-looker, I began to see that some dissatisfaction occurred no matter who made out the time sheet. I realized that I'd been too concerned with trying to please everyone.

MISS DOWNS: And I worried because I *wasn't* pleasing everyone. So I tried still harder to give each nurse the time that suited her. But when I did, I was the only one left to take the hours nobody else wanted. That was some price to pay for friendship! (More laughter.)

MISS FRIMMEL: In orthopedics we've found that cooperation among the nurses helps solve the scheduling problem. Before the time sheet is made out, we get together and discuss our preferred hours. After reaching an agreement, we give our requests to the head nurse.

The Schedule-Wreckers

MRS. WILLINGHAM: Illness, absenteeism, and resignations are the biggest problems faced by every department. No matter how carefully a time sheet has been worked out, one of these can really wreck it. Then we must call on the staff to work extra time or less desirable hours. This is when complaints reach a peak.

MISS GARBARINI: At this point the girls are likely to come to the head nurse and ask: "Why do we get the extra work? Can't it

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The Status Of the Antibiotics

BY MORTON J. RODMAN, PH.D.

In this, the second of two articles on the subject, the author considers some of the broad- and special-spectrum antibiotics and their uses

The broad-spectrum antibiotics have helped to change the whole picture of infection treatment since their introduction about a decade ago. First, let's consider the several closely related compounds classed as tetracyclines and one of a different chemical structure called chloramphenicol (Chloromycetin). Then we'll look at some others.

These drugs can control a

wide variety of microorganisms—not only bacteria but many other kinds of pathogens, including protozoa, rickettsia, and certain large viruses. They've helped patients with amebic dysentery. Sometimes they've saved victims of rickettsial diseases (such as Rocky Mountain spotted fever and typhus), virus-caused psittacosis (parrot fever), lymphogranuloma, and primary atypical pneumonia. (They are not effective, though, against the *small* viruses responsible for such diseases as the common cold, influenza, polio, measles, mumps,

THE AUTHOR is Professor of Pharmacology at the College of Pharmacy, Rutgers University, Newark, N.J.

THE STATUS OF THE ANTIBIOTICS

chicken pox, smallpox, or viral hepatitis.) These drugs are often used in bacterial diseases that don't respond to penicillin or streptomycin. For instance, the tetracyclines control brucellosis

(undulant fever), pertussis (whooping cough), and certain hard-to-treat types of meningitis. And chloramphenicol overcomes typhoid fever. (It's the only drug that does.)

Some Broad- and Special-Spectrum Antibiotics

BROAD-SPECTRUM ANTIBIOTICS

Chloramphenicol, U.S.P. (Chloromycetin)
Chloramphenicol palmitate, N.N.D. (Chloromycetin Palmitate)
Chloramphenicol succinate (Chloromycetin Succinate)
Chlortetracycline calcium, N.N.D. (Aureomycin Calcium)
Chlortetracycline HCl, U.S.P. (Aureomycin HCl)
Demethylchlortetracycline (Declomycin)
Oxytetracycline, U.S.P. (Terramycin)
Oxytetracycline with glucosamine (Cosa-Terramycin)
Oxytetracycline HCl, U.S.P. (Terramycin HCl)
Pyrrolidinomethyl tetracycline (Syntetrin, Velacycline)
Tetracycline, U.S.P. (Achromycin, Panmycin, Polycycline, Tetracyn)
Tetracycline and citric acid (Achromycin V)
Tetracycline with glucosamine (Cosa Tetracyn)
Tetracycline HCl, U.S.P. (Achromycin HCl, Panmycin HCl, Polycycline HCl, Steclin, Tetracyn HCl)
Tetracycline phosphate complex, N.N.D. (Panmycin Phosphate, Sumycin, Tetrex)

NEWER ANTIBIOTICS SOMETIMES EFFECTIVE AGAINST OTHERWISE RESISTANT STAPHYLOCOCCI

Carbomycin, N.N.D. (Magnamycin)
Erythromycin, U.S.P. (Erythromycin, Ilotycin)
Erythromycin ethyl carbonate, N.N.D. (Ilotycin Ethyl Carbonate)

But there have been times since their introduction when these antibiotics have caused considerable alarm. The tetracyclines, for example, sometimes have been held responsible for

setting off explosive superinfections. And chloramphenicol has been found at times to damage bone marrow and cause blood diseases.

Chloramphenicol is now re-

Erythromycin glucoheptonate, N.N.D. (Ilotycin Glucoheptonate)
Erythromycin lactobionate, N.N.D. (Erythrocin Lactobionate)
Erythromycin propionate, N.N.D. (Ilosone Propionate)
Erythromycin stearate, N.N.D. (Erythrocin Stearate)
Novobiocin calcium, N.N.D. (Albamycin Calcium, Cathomycin Calcium)
Novobiocin sodium, N.N.D. (Albamycin Sodium, Cathomycin Sodium)
Oleandomycin phosphate, N.N.D. (Matromycin)
Sistocetin, N.N.D. (Spontin)
Triacetyloleandomycin, N.N.D. (Cyclamycin, Tao)
Vancomycin, N.N.D. (Vancocin)

MISCELLANEOUS SPECIAL-SPECTRUM ANTIBIOTICS

Amphotericin B, N.N.D. (Fungizone)
Bacitracin, U.S.P. (Baciguent)
Colistin methanesulfonate sodium (Colymycin-M)
Colistin sulfate (Colymycin S)
Fumagillin, N.N.D. (Fumidil)
Gramicidin
Nystatin Sulfate, U.S.P. (Mycifradin Sulfate, Myciguent)
Nystatin, N.N.D. (Mycostatin)
Nystatin
Polymyxin B sulfate, U.S.P. (Aerosporin Sulfate)
Tyrothricin, U.S.P. (Soluthricin)

Drugs on this list start with the official or generic name of each drug, followed in parentheses by its trade name(s) and/or synonym(s).

THE STATUS OF THE ANTIBIOTICS

served mainly for severe infections not readily controlled by other antibiotics. During treatment, blood counts are made frequently. If signs of marrow damage appear, the drug is instantly discontinued.

When They Work Too Well

Proper precautions can keep down tetracycline side effects, too. These stem mainly from the fact that the antibiotics sometimes work too well. By wiping out normal as well as pathogenic bacteria, they occasionally upset nature's balance in the body. This lets some of the body's microbial flora get out of hand.

Fungi, for instance, may run riot when the broad-spectrum antibiotics eliminate their bacterial enemies. But now, new antifungal antibiotics can be used to help control overgrowths of monilial organisms. By giving nystatin (Mycostatin) or amphotericin B (Fungizone) together with tetracyclines, such superimposed fungal infections may be suppressed.

Like the fungi, some resistant strains of staphylococci also may grow rapidly when the antibiotics knock out competing organisms. New drugs now avail-

able are claimed to head off such growths. One of these, oleandomycin (Matromycin), is sometimes combined with tetracycline for this purpose.

Other new antibiotics are useful for treating resistant staph infections after they start. They include novobiocin (Albamycin, Cathomycin), triacetyloleandomycin (Cyclamycin, Tao), and erythromycin (Erythromycin, Ilotycin). A new ester of erythromycin, called erythromycin propionate (Ilosone), reportedly reaches especially high blood levels for relatively long periods.

These drugs are used for more serious resistant infections or for patients allergic to penicillin and the older drugs. Some authorities insist they shouldn't be used to treat minor infections—specifically, the common cold. In some areas where they've been used unwisely, staph strains resistant to them are already developing.

Two other antibiotics, ristocetin (Spontin) and vancomycin (Vancocin), have saved the lives of patients critically ill with acute staphylococcal endocarditis and staph pneumonias.

Both drugs are potentially

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Those Skin Blemishes: Harmless or Dangerous?

By Herbert Conway, M.D.

In the war against cancer, doctors repeatedly stress the value of early detection. Skin cancers in particular, they say, have an excellent prognosis if found and treated early.

During the warm weather, people often become more aware of skin blemishes they've overlooked or ignored until they exposed their skin for summertime activities.

They may come to the nurse with questions about these blemishes. So, she can do a real service by arming herself with information that will help her answer such questions accurately; and by promoting skin-cancer awareness among patients, relatives, and friends.

Here a specialist gives the latest information about skin blemishes—what they are, how to recognize possible malignancies, and what can be done about them.

SKIN BLEMISHES: HARMLESS OR DANGEROUS?

Many potentially malignant skin blemishes can be identified early and treated effectively. These are the two most easily recognized danger signs:

¶ A blemish appears suddenly and then does not disappear within three weeks.

¶ A mole, nodule, wart, or other blemish undergoes changes in size, shape, or consistency; or it becomes either inflamed or ulcerated.

By recognizing such signs—and then by exerting influence to get the patient under competent medical care *at once*—the nurse can help the physician to prolong or, in many cases, to save the patient's life.

With these facts in mind, let's consider some common skin blemishes which patients often ask about.

► Moles (or nevi).

The average person has between twenty and thirty moles. Usually he's born with the number he has in adulthood. But he may not be aware of them until they enlarge, or become elevated or pigmented.

For example, a teen-ager or a

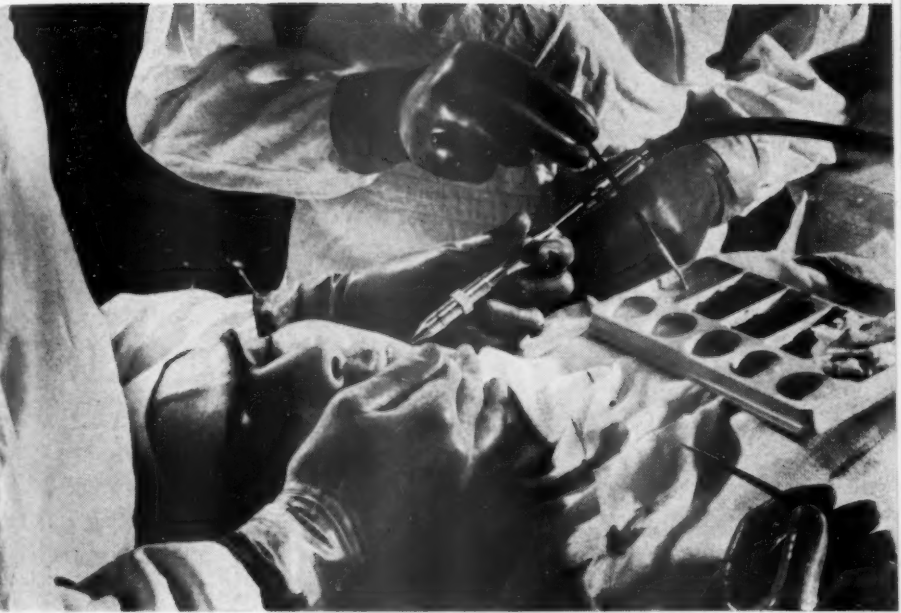
pregnant woman may become concerned when a mole "suddenly" appears. Actually, the mole has been present all along. But the stepped-up hormonal activity of puberty or of pregnancy has caused an intensification of skin cell pigments, including pigment in the mole.

A mole is simply a group of cells in and under the skin's surface. Those that can be seen may be flat or raised, hair-bearing or hairless, pigmented or nonpigmented.

Most moles are benign growths. But some are predisposed to malignant change. The junctional nevus (so-called because it occurs at the junction of the dermal and epidermal tissue layers) is the most likely to undergo such change.

However, any mole subjected to constant irritation—say, from clothing or from irritants such as strong sunlight—should be removed before it has an opportunity to undergo malignant change. For moles on the soles of the feet, the palms of the hands, and the genitalia, surgical excision is definitely indicated.

THE AUTHOR is Professor of Clinical Surgery at Cornell University Medical College, Attending Surgeon-in-Charge of Plastic Surgery at The New York Hospital, New York City. He is also author of the text "Tumors of the Skin," published by Charles C Thomas, Springfield, Ill.



TATTOOING OVER a port-wine stain, New York Hospital surgeons use the Conway Dermajector, a multispiked, power-driven instrument, to force flesh-color-matching pigments into the patient's skin.

A melanoma is a highly malignant mole and usually is fatal in a short time. For it can spread by way of the blood stream and the lymph channels. The physician cannot recognize a melanoma merely by inspecting it. So, bearing in mind that it spreads via the blood stream, the only wise thing is surgical excision of the entire lesion for microscopic examination of the specimen,

followed by appropriate treatment.

Electrodesiccation of a mole (removal by cauterizing with an electric needle) is unwise for these reasons: (1) the scar it leaves may, in itself, require surgery; (2) the remaining tissue may undergo malignant change because of irritation; (3) the physician isn't able to find out

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Your guide to the medical specialties

By John Winslow

"What's the difference," a patient may ask you, "between an orthopedist and an osteopath?"

That question is easy to answer. But try these: Is an optician the same as an oculist? How does the work of an ophthalmologist differ from that of an optometrist? Are any of them M.D.s? If so, which?

To help you answer these and similar questions, *RN* brings you an up-to-the-minute chart (beginning on next spread) giving the medical specialists, their fields, and the scope of each field.

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In referring to the chart, you'll want to keep in mind that because these specialties are described briefly, some exceptions may apply. For example, consider the description of the anesthesiologist and of the plastic surgeon:

The chart indicates that the anesthesiologist deals with operative conditions requiring administration of anesthetics. By extension, this can be assumed to include all surgery done by the plastic surgeon.

Actually, for some office surgery (such as the removal of a wart), the plastic surgeon may administer the anesthetic himself—though he may consult an anesthesiologist first.

Also, bear in mind that M.D.s sometimes disagree on where the line should be drawn between two given specialties. For instance, some pediatricians contend that child care properly begins with conception. Thus, their field—by such definition—overlaps with that of obstetricians.

Yet, most practitioners *do* agree on the major aspects of their specialties. These aspects are given on the RN chart—your guide to the medical specialties.



A Check-List of Medical Specialists

SPECIALIST	CONDITIONS HE DEALS WITH	NAME OF SPECIALIST
ALLERGIST	Asthma, hay fever, and skin reactions resulting from sensitivity to plants, foods, cosmetics, industrial substances, etc.	Allergy
ANESTHESIOLOGIST	Conditions, usually surgical, requiring administration of anesthetics, especially for operation	Anesthesiologist
CARDIAC SURGEON	Abnormalities of the heart and great vessels requiring surgical treatment	Cardiac Surgeon
CARDIOLOGIST	Cardiovascular disorders, such as coronary thrombosis, hypertension, arteriosclerosis, valvular heart disease	Cardiologist
CHEST SPECIALIST	Diseases of the lungs, pleurae, and mediastinum	Diseases of Chest
DERMATOLOGIST	Conditions of the skin and scalp; e.g., acne, psoriasis, impetigo, dermatophytosis ("athlete's foot"), etc.	Dermatologist
ENDOCRINOLOGIST	Disorders of the ductless glands (thyroid, parathyroid, ovarian, testicular, adrenal, pancreatic, pituitary, pineal)	Endocrinologist
GASTROENTEROLOGIST	Disorders of the gastrointestinal tract and its accessory organs of digestion	Gastroenterologist
GERIATRICIAN	Chronic illnesses of the elderly, such as arthritis, degenerative conditions, dietary deficiencies, digestive disorders	Geriatrician

Medical Specialists (M.D.s)

NAME OF SPECIALTY	RELATED SPECIALTIES	SUPPLEMENTARY INFORMATION
Allergy	Internal Medicine Pediatrics	Qualified internists and pediatricians may be certified in the subspecialty of allergy by their respective specialty boards
Anesthesiology		Nurse-anesthetists (C.R.N.A.s) are certified by the American Association of Nurse-Anesthetists but are not classified as medical specialists
Cardiac Surgery	Thoracic Surgery	Cardiac surgery is a relatively new specialty without (as yet) its own certifying board. There is, however, board certification in thoracic surgery
Cardiology	Internal Medicine	Qualified internists may be certified in the subspecialty of cardiology by the specialty board for internal medicine
Diseases of the Chest	Internal Medicine Phthisiology, or Specialization in TB	Surgical treatment is referred to thoracic surgeons
Dermatology	Syphilology	Dermatologists often diagnose and treat venereal disease also. They sometimes use surgical or radiotherapeutic techniques for some skin lesions
Endocrinology	Pathology Internal Medicine	Studies in endocrinology are often made by chemists, physiologists, pharmacologists, etc. Some of these are not M.D.s. Some internists limit their practice to the clinical aspects of endocrinology
Gastroenterology	Internal Medicine	Surgical treatment is usually referred to general surgeons. Qualified internists may be certified in the subspecialty of gastroenterology
Geriatrics	Internal Medicine	Surgical treatment is usually referred to general surgeons or orthopedists. Geriatrics is a relatively new field of subspecialization

More ►

A Check-List of Medical Specialists

SPECIALIST	CONDITIONS HE DEALS WITH
GYNECOLOGIST	Disorders involving women's reproductive organs
HEMATOLOGIST	Diseases of the blood and blood-forming organs
INDUSTRIAL PHYSICIAN	Injuries and illnesses (such as respiratory disorders, toxic reactions from chemicals and fumes) resulting from industrial employment; promotion of plant safety, sanitation, and hygiene; early detection of disease; rehabilitation, etc.
INTERNIST	Internal illnesses of adults, such as diabetes, tuberculosis, stomach ulcers, kidney and liver ailments, digestive and nutritional disorders
NEUROLOGIST	Diseases of the nervous system, such as cerebral palsy, epilepsy, multiple sclerosis, muscular dystrophy
NEUROSURGEON	Diseases of and injuries to the brain, spinal cord, and peripheral nervous system
OBSTETRICIAN	Pregnancy, childbirth, and postnatal disorders
ONCOLOGIST, OR CANCER SPECIALIST	Malignancy
OPHTHALMOLOGIST	Eye diseases and visual defects requiring surgical medical treatment, or refraction

Medical Specialists (M.D.s) *continued*

NAME OF SPECIALTY	RELATED SPECIALTIES	SUPPLEMENTARY INFORMATION
Gynecology	Obstetrics	Gynecology includes surgical treatment. Many gynecologists also practice obstetrics
Hematology	Internal Medicine Pathology	Basic studies in hematology may also be made by histologists and others who are not M.D.s; lab and microscopic analyses, by pathologists. Treatment may be given by internists, especially M.D.s trained in hematology
Occupational Medicine	Dermatology General Surgery Internal Medicine Ophthalmology Orthopedics Preventive Medicine	Occupational medicine is closely allied to the preventive aspects of public health work. Industrial physicians may be certified by the American Board for Preventive Medicine
Internal Medicine	<i>Subspecialties:</i> Allergy Cardiology Diseases of the Chest Gastroenterology, etc.	Internists are especially qualified in diagnosis and often function as consultants. They do not do surgery
Neurology	Psychiatry, or Neuropsychiatry	Neurology and neurosurgery are separate but complementary specialties
Neurosurgery	Neurology	Neurosurgeons and orthopedists are sometimes associated in spinal operations, but their specialties are otherwise not related
Obstetrics	Gynecology	Many obstetricians also practice gynecology
Oncology	Pathology All specialties involving cancer	Oncology includes pathologic study and treatment (mainly surgical) of tumors in all parts of the body
Ophthalmology		Ophthalmologists are M.D.s. Optometrists (qualified to prescribe and supply glasses) and opticians (qualified to fill prescriptions for glasses) are not M.D.s. The word "oculist" is used loosely to mean either an ophthalmologist or an optometrist

More▶

A Check-List of Medi

SPECIALIST	CONDITIONS HE DEALS WITH	NAME SPEC
ORAL SURGEON	Diseases of the mouth, teeth, gum, tongue	Oral Su
ORTHOPEDIC SURGEON, OR ORTHOPEDIST	Deformities, fractures and other injuries, dislocation and diseases of the musculoskeletal system	Orthope Orthope
OTORHINOLARYNGOLOGIST, OTOLARYNGOLOGIST, OR ENT MAN	Disorders of the ear, nose, and throat, especially those requiring surgical or specialized local treatment	Otorhin ogy, Otolaryn
PATHOLOGIST	Any condition requiring gross, microscopic, or other laboratory analysis (including postmortem examination) of tissue, fluids, and other body specimens	Patholo
PEDIATRICIAN	Diseases and disorders of childhood from birth to age 12 or 14, including congenital defects, mental deficiencies, behavior problems, etc.	Pediatri
PHTHISIOLOGIST, OR TB SPECIALIST	Pulmonary tuberculosis	Pththio Specializ
PHYSIATRIST, OR SPECIALIST IN PHYSICAL MEDICINE AND REHABILITATION	Physical defects and postoperative conditions that can be corrected or improved by the use of heat, water, exercise, prostheses, and other modalities and techniques	Physical
PLASTIC SURGEON	Defects of the tissues resulting from congenital causes, such as harelip; from accidents, such as burns; and from disease processes, such as skin cancer	Plastic S
PROCTOLOGIST	Diseases of the colon, rectum, and anus	Proctolo

Medical Specialists (M.D.s) *continued*

NAME OF SPECIALTY	RELATED SPECIALTIES	SUPPLEMENTARY INFORMATION
Oral Surgery	Plastic Surgery	Some aspects of oral surgery (such as tooth extraction) are closely allied to dentistry. All oral surgeons are M.D.s; most dental surgeons are not
Orthopedics, or Orthopedic Surgery		Does not include care of bones in the head or anterior thorax. Osteopaths (D.O.s), often confused with orthopedists, are not M.D.s
Otorhinolaryngology, or Otolaryngology	Endoscopy Plastic Surgery	Many are expert in bronchoscopy and esophagoscopy and are called bronchoscopists or endoscopists. Many specialize in surgery for the hard of hearing. Some do plastic surgery of the nose and face
Pathology		Pathology is closely allied to such basic sciences as anatomy, microbiology, biochemistry, immunology, parasitology, and hematology, especially as they apply to human illness
Pediatrics		Some aspects of pediatric care are closely allied to orthopedic, neurologic, cardiologic, allergic, and psychiatric care. In effect, the pediatrician's work corresponds in child care to that of the internist in adult care
Phthisiology, or Specialization in TB	Internal Medicine Diseases of the Chest	Phthisiology includes the study and nonsurgical treatment of TB
Physical Medicine		Physical therapists (physiotherapists) are not classified as medical specialists. They are not M.D.s but may work under the direction of M.D.s
Plastic Surgery		Includes reconstructive surgery done for cosmetic purposes
Proctology	General Surgery	Includes diagnosis and (mainly) surgical treatment; a surgical subspecialty of general surgery

More▶

A Check-List of Medical Specialists

SPECIALIST	CONDITIONS HE DEALS WITH	NAMES OF SPECIALISTS
PSYCHIATRIST, OR NEUROPSYCHIATRIST	Neurotic and/or psychotic disorders of the mind and the personality, such as schizophrenia, hallucinations, senility, drug addiction, alcoholism	Psychiatrist, Neuropsychiatrist
PUBLIC HEALTH OFFICER	Chronic and communicable diseases and environmental conditions that may affect the health of the population	Preventive Medicine
RADIOLOGIST, OR ROENTGENOLOGIST	Conditions requiring the use of X-rays for diagnosis, cancer, skin disorders, and other conditions requiring the use of radiation (including X-rays, radium, and radioisotopes) for therapeutic purposes	Radiologist, Roentgenologist
SURGEON, OR GENERAL SURGEON	Injuries, growths, and diseases requiring surgery and not specifically included in the various surgical specialties such as gynecology, orthopedics, urology and plastic surgery	General Surgeon
SYPHILOLOGIST	Syphilis	Syphilologist
THORACIC SURGEON	Diseases of the lungs, pleurae, esophagus, mediastinum, and heart amenable to surgical treatment	Thoracic Surgeon
UROLOGIST, OR UROLOGIC SURGEON	Diseases and disorders of the urinary tract in both sexes and of the reproductive organs in the male	Urologist, Urologic Surgeon

ist of Medical Specialists (M.D.s) *continued*

	NAME OF SPECIALTY	RELATED SPECIALTIES	SUPPLEMENTARY INFORMATION
mind and incinations	Psychiatry, or Neuropsychiatry	Neurology	Clinical psychology (which is practiced in many mental-health and child-guidance clinics) is often confused with psychiatry. The confusion stems largely from the use of psychoanalysis (a form of psychotherapy) by both psychiatrists (who are M.D.s) and psychologists (who are not)
l environ alth of th	Preventive Medicine	Occupational Medicine Epidemiology Immunology Pediatrics	Public health facilities are maintained by local, state, and Federal governments. In many areas they provide school-health and visiting-nurse services. Their staffs commonly include engineers, biochemists, toxicologists, etc., as well as M.D.s
diagnost s requir adium, at	Radiology, or Roentgenology	Nuclear Medicine	Some radiologists or roentgenologists specialize in diagnosis, some in therapy. Many do both. Although there is some technical distinction between radiology and the more limited term roentgenology, they are used interchangeably in common practice
urgery an argical sub cs, urolog	General Surgery	Proctology Thoracic Surgery Orthopedics	General surgeons are especially strong in abdominal surgery. In some localities, general surgery includes practically all surgery except that of the heart, brain, nerves, and eyes. In every locality, there is some overlap and the borders of general surgery are indefinite
	Syphilology	Dermatology	Most syphilologists are associated with public health services
as, medic ntment	Thoracic Surgery	General Surgery Cardiac Surgery	Thoracic surgery is a subspecialty of general surgery requiring special training and experience for certification
ract in h he male	Urology	General Surgery Gynecology Proctology	Urologists occasionally practice proctology

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END

Air Cushions Help



WHEN ON HIS SIDE, the patient keeps his uppermost leg flexed forward to help steady his position on the cushion beneath him. When he wants to roll onto his back, he shifts his leg backward and straightens it out.



IF HE'S WEAK, the nurse may need to help him complete his roll. Once his uppermost leg is flexed again (at right), its weight forces air from the cushions under him and into the one behind, rolling him over.

elpo Turn Patients

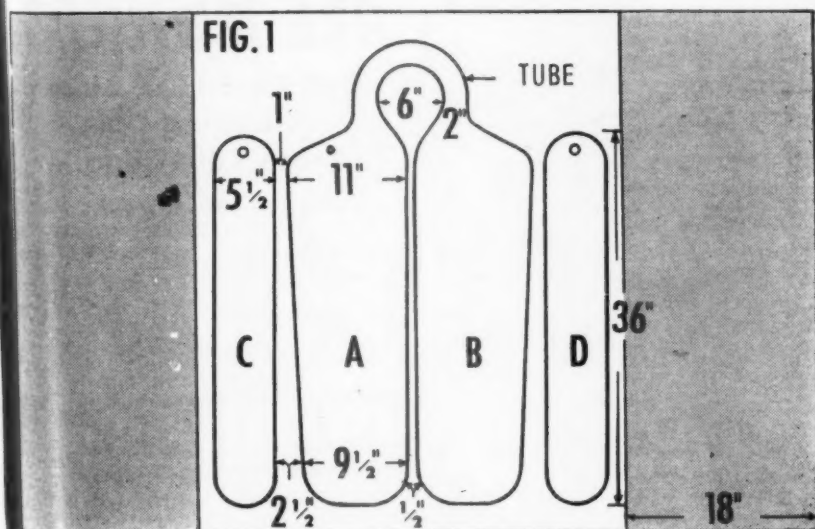
Excellent in most cases and helpful in all," say British nurses who are using a new drawsheet device to help turn patients. Here's what it looks like and how it's used, as reported by Dr. E. A. Cooper in the British Medical Journal.

The device is made of plastic with four built-in inflatable cushions (see Fig. 1). It's introduced under the patient before infla-

tion. The nurse tucks the long ends (shaded areas) under the mattress.

The tube of the turning device lies under the patient's head. Cushions A and B extend under him from shoulders to mid-thighs. Cushions C and D extend the same distances along his sides but free of his body.

Before the cushions are inflated, the patient is turned to his



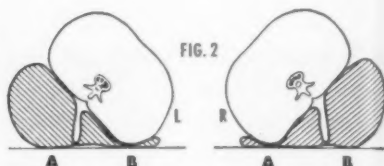
AIR CUSHIONS HELP TO TURN PATIENTS

left side so that his weight lies along cushion B. Enough air is then blown in (by mouth or pump) to half-inflate the A-B unit. But the patient's weight keeps most of the air out of the cushion on which he lies. So the air goes (via the tube) into cushion A, filling it and providing support along the patient's back.

Fig. 2 shows, in cross-section, how cushions A and B support the patient when he's lying on his left side (L) or his right side (R).

For the final step, the nurse

fully inflates cushions C and D. These keep the patient close to the midline during the turning procedure and give him added



security against falling out of bed.

The photos show how the patient turns himself from one side to the other with minimum help from the nurse.

END

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CLEANING

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RINSING

Rinse thoroughly with clean water.

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After the soaking, cleaning and rinsing steps, place in the sterilizer. (Alconox is not a detergent, it is a cleaner.)

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MORRIS PLAINS, N.J.

Caring for Colostomy and Ileostomy Patients

Continued from page 44

press the disk against the skin until it adheres firmly. Finally, dust the area with talcum powder.

To clean the bag you've just removed, wash it in warm soapy water and rinse well. If deodorizing is needed, add some vinegar to the water.

► Preparing the patient to go home.

Preparation starts, of course, the moment you begin post-op care. As you do the colostomy patient's irrigation, or change the ileostomy patient's appliance, you explain the procedure and encourage the patient to assist you. As soon as possible, you let him do each step himself.

Your matter-of-fact yet sympathetic attitude helps him to accept his handicap. But he may need reassurance about what lies ahead. For instance, he may ask these questions:

Can I go back to my former job? Will I ever be able to enjoy normal activities, including

sports? Will my marital relations be affected? Will I always have to wear an ileostomy bag?

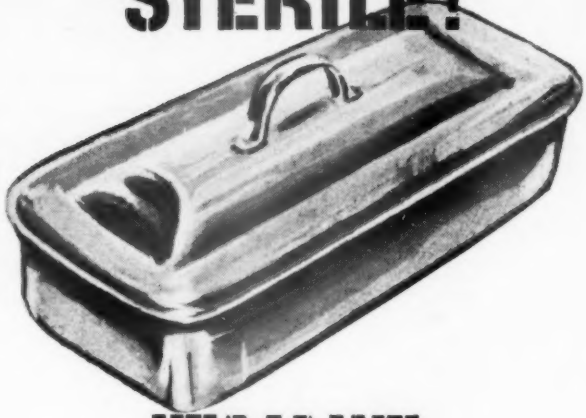
Naturally, you'll answer him according to the circumstances. These, in brief, are the facts:

Most colostomy and ileostomy patients *do* resume their occupations. Most of them *are* able to take up their previous activities again (with the exception of certain strenuous sports). There's no change in sexual potency or in fertility, with one exception: The male colostomy patient who has had a wide cancer resection that includes the rectum may be impotent and/or infertile. (It's best to have the patient ask the doctor any questions regarding sexual function.)

As previously explained, colostomy patients usually don't need to wear a drainage bag. In fact, most doctors encourage them *not* to wear a bag but to develop control through diet and other means. Ileostomy patients must always wear a bag.

To help themselves adjust to their disability, former colostomy and ileostomy patients have formed joint or separate clubs in many states. The most prominent of these is QT, Inc., a mutual aid organization of ileostomists. (It's

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COLOSTOMY AND ILEOSTOMY PATIENTS

named for surgical wards Q and T at Mt. Sinai Hospital, New York City, where it was organized.)

If the doctor authorizes it and if your patient is interested, you can inquire of hospital sources, or of QT, whether there's a club

in the area. If there is, club members usually will visit the patient on request. They'll help you teach him how to care for himself. They'll also give him emotional support by example—the kind that only one ileostomist can give to another. END

Don't 'Smother Love' Your Pediatric Patients!

By Phyllis Winter, R.N.

Sometimes a nurse—especially one who's a mother—gets to feeling so close to a pediatric patient that she follows her emotions rather than her common sense. She temporarily forgets what all R.N.s know from training and experience: that “smother love” can actually harm a patient, particularly a child. Let me illustrate:

A friend came to me, upset by a visit to the rehabilitation center for polio patients. She had called

on a beautiful, bright little girl whom she and two other R.N.s had speacled for several months.

“Susan isn't adjusting satisfactorily,” she said sadly.

“Just give her time,” I suggested.

“But we were doing so much for her!”

I answered gently: “Susan couldn't spend her life in a private room with three special nurses. The center will teach her



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DON'T 'SMOTHER LOVE' YOUR PEDIATRIC PATIENTS!

self-reliance. She'll be happier that way."

Then I told this story:

When I was on duty in the respirator room at a children's hospital, a boy I'll call John came to us. He was a sad, pitiful soul. He was able to be out of the respirator more than most other patients; and he had enough strength to sit in a wheel chair and move his extremities. But all our efforts to rehabilitate him proved futile.

In contrast, there was Peter who had been in a respirator—"the can," he called it—for several years. He had had his share of complications: influenza, appendicitis, pneumonia. But he never ceased to be cheerful and to talk of the day he would recover.

I soon discovered the reason for John's attitude, and the reason for Peter's.

John had nurses who tended faithfully to his every need. His parents visited him often. There was much hugging, kissing, and weeping. The mother, in John's presence, often implored us: "Take good care of my boy."

Peter's parents were farmers with several children. They had to go about their business of making a living and rearing a family. They and the children came to visit Peter on Sundays. But there were no scenes. They treated him as a normal member of the family whom they were proud of because he was fighting a good fight. He knew they depended on him to help himself.

The last time I saw John, he was still a whining, unhappy child. When Peter was 16, one of his dreams came true. He went to his grandmother's for Christmas, on a rocking bed. There he died, happy and unafraid. END

But is it ethical?

Private duty nurses of the New Jersey State Nurses' Association will raise their rates from \$16 to \$18 for an eight-hour day . . . The increase is the first since 1956. It reflects the increased cost of living . . .

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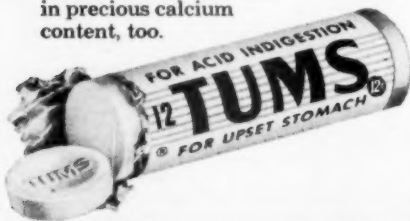
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78 RN • SEPTEMBER 1960

Skin Blemishes: Harmless or Dangerous?

Continued from page 57

what kind of mole he's dealing with.

People may ask you about having a mole removed for cosmetic reasons. Be sure you emphasize that the moles to be most concerned about are those that are constantly irritated, as well as those moles that appear on the plantar, palmar, and genital areas. Also, try to discover whether the patient's concern has been aroused by recent changes in the mole. Then urge the patient to see a physician. If treatment is needed, total excision followed by *examination of the tissue* is best.

► Epithelial growths.

Skin malignancies usually take this form. Of all the skin cancers, epitheliomas are the most readily cured *provided* (1) an early diagnosis is made and (2) the physician eradicates the lesion *with the first treatment*. (The American Cancer Society's estimate of 4,000 deaths expected from skin cancer in 1960 might be a much



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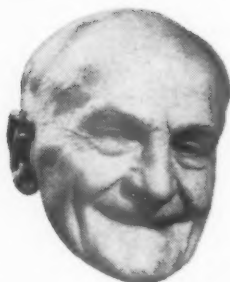
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SKIN BLEMISHES: HARMLESS OR DANGEROUS?

smaller figure if all epitheliomas were handled in this way.)

Epitheliomas vary in appearance. Usually they show up as irregular cell growths—nodules, or scales, or ulcerations—on the face, the backs of the hands, or other exposed skin surfaces.

The physician makes sure that a mole did not pre-exist in the same spot. Then he biopsies the growth. He finds that it's composed either of basal cells or squamous cells. Basal-cell cancers tend to burrow and kill by invading a vital organ such as

Her Goal: To Get Back to Nursing

"Polio has paralyzed my arms and legs. But it hasn't destroyed my desire to help others. I'll never be satisfied till I'm back in nursing."

Jeanice Hantz, R.N., of Liberal, Kan., means it when she makes that statement. As her first step back to nursing, she's now writing articles on polio care. Several have appeared in the *Kansas Nurse* and other publications.

She does her writing on a specially mounted electric typewriter. She taps the keys with a stick held in her mouth (see photo).



"Someone must insert and remove the paper," Mrs. Hantz explains; "otherwise, I'm on my own."

Her plans for the future?

"I hope to teach bedside care," she says. "I'd like to start a program at the local hospital for aides and practical nurses. I'd also like to promote nurse-recruitment among high school juniors and seniors."

"Once I get these two projects going, I'll feel that I'm really back in nursing again."

END

SKIN BLEMISHES: HARMLESS OR DANGEROUS?

the brain or a major blood vessel. Squamous-cell cancers spread and kill more rapidly via the lymphatics.

By surgically excising the lesion and thus eradicating the cells, the physician prevents a recurrence of the growth. In my opinion, irradiation and other forms of nonsurgical therapy do not guarantee such results. What's more, irradiation may be the cause of damage to adjacent tissue and hence necessitate surgery.

People may ask you if sunlight, electrolysis, and cosmetics can

cause cancer. Here are my answers:

Sunlight. We now know that constant exposure to strong sunlight predisposes the skin of some persons to cancer—especially if the exposed persons are fair-complexioned. For such people, sunscreen lotions and clothing provide needed protection. For others, I feel that exposure to sunlight is safe, even therapeutic. It's unwise, of course, for anyone to overexpose himself as a constant thing.

Electrolysis. I see no harm in this treatment provided it's used



...for the **Painless Treatment of WARTS and CORNS**

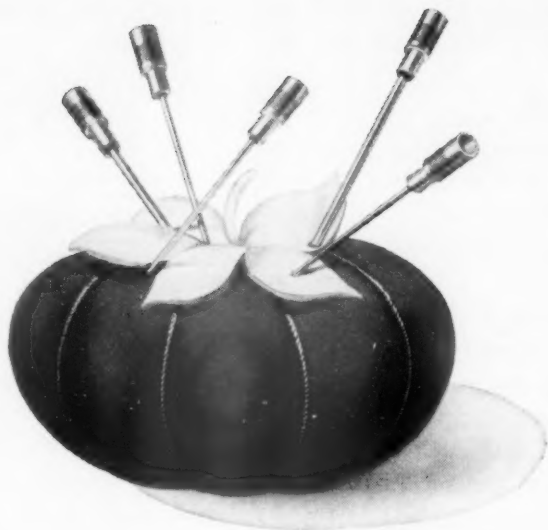


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SKIN BLEMISHES: HARMLESS OR DANGEROUS?

judiciously and performed by a qualified expert.

Cosmetics. So far as I know, cosmetics do not cause skin cancer.

► Birthmarks.

Blemishes such as port-wine stains and strawberry marks are benign conditions and do not endanger the patient medically. But they may have a harmful psychologic effect. You can assure patients with such birthmarks that they can be helped medically. (Some can conceal their blemishes with special cosmetics.)

Among the several effective treatments available, I favor tattoo. Birthmarks are a discoloration (red to blue or purple) of the skin caused by an abnormal collection of blood vessels. So it seems reasonable to treat the abnormal coloring by camouflage. In tattooing, flesh-colored pigments are injected into the skin overlying the blood vessels. This hides the abnormal coloration.

Tattooing is effective for 85 per cent of patients with port-wine-type birthmarks. For others, plastic surgery is effective. Of course, tattoo pigments fade. So it's sometimes necessary to repeat this treatment from time to time. For children, additional

tattooing may be needed as the skin grows and the tiny particles of pigment separate.

► Warts.

It is generally agreed that warts are caused by a virus. They are autocontagious, and are spread by contact with moist surfaces. It is doubtful that they undergo malignant change. Some authorities think they are psychogenic, especially in children.

Most warts appear on exposed skin surfaces. (The fingers are particularly susceptible.) Most regress spontaneously. But it's best to remove warts that are subject to constant irritation, such as those on the soles of the feet (plantar warts), or on the shaving area of a man's face.

For removal, I favor electrodesiccation. Other methods employed with good results are cryotherapy (the use of agents such as dry ice or liquid nitrogen), irradiation, and chemical cauterization.

Those are the major points you need to know to help clear up some common misconceptions about skin blemishes. By using this information, you can help control one form of cancer for which we now have effective weapons.

END



Before application of White's Vitamin A & D Ointment—Typical diaper rash with excoriation of skin.



After application of White's Vitamin A & D Ointment at every diaper change—Diaper rash has completely disappeared within one week.

Heal and Prevent Diaper Rash with White's Vitamin A & D Ointment Apply at Every Diaper Change HEALS • SOOTHES • PROTECTS

also beneficial for— Pressure Sores, Varicose and Chronic Ulcers; Nipple Care (fissured nipple); Episiotomy and Circumcision Wounds; Eczema, Detergent Dermatitis; Minor Burns and Wounds and Skin Abrasions.

Supplied in 1½ and 4 oz. tubes; 1 lb. "nursery" jars and 5 lb. "ward" containers.

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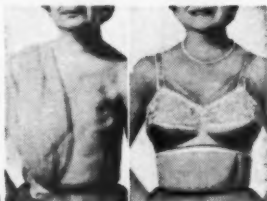
IDENTICAL FORM restores natural contour and leads to peace of mind.

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Actual photo of patient fitted with Identical Form



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'You Make Out The Time Sheet, Please!'

Continued from page 50

be given to the 'floats' and part-timers?"

MRS. WILLINGHAM: Theoretically, that's what our floats are for. We hope to be able to send them to whatever service is short of help on a particular day. But sometimes several services are short of help at once. So there aren't enough floats.

MISS FRIMMEL: I think there's only one way to answer the question of who's to do the extra work, and when. On our floor, we often work extra hours or even an additional day. We don't like this, but we know it's neces-

laughable

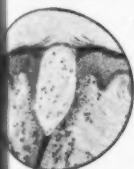
If this word describes an experience you've had in the course of your work as a nurse, why not share the story? For each anecdote accepted, *RN* pays \$15 to \$25. Address: Anecdotes Editor, *RN*, Oradell, N.J.

Skin Specialists Explain How Clearasil Medication

Gets Inside Pimples to Clear Them Fast!

You see only the top of a pimple. The real trouble is inside because a pimple is basically a clogged, inflamed pore. That's why Skin Specialists agree that the *vital medical* action needed, is the *Clearasil action* . . . which brings the medications down inside the pimple where antiseptic and drying actions can really help. Skin Specialists agree that this is the reason why CLEARASIL medication works so fast, so effectively to clear pimples.

How Clearasil Works to Restore Clear, Smooth Skin



1. Gets Inside Pimples—
"Keratolytic" action dissolves and opens affected pimple cap so clogged pore can clear quickly . . . and active medications can get inside.



2. Stops Bacteria. Antiseptic medication penetrates to any lower infection, stops growth of bacteria. Encourages growth of healthy, smooth skin.



3. Dries Up Pimples Fast
—Oil-absorbing action works to dry up pimples fast, remove excess oil that can clog pores, cause pimples. Helps prevent further outbreak.

Clears Pimples While It Works . . .

CLEARASIL also relieves the emotional problems which frequently accompany pimples, because it is skin-colored to hide

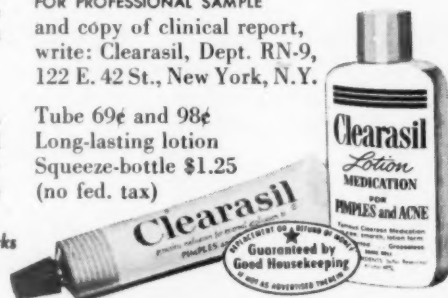
blemishes while its three vital medical actions work fast to clear them up.

Floats Out Blackheads. CLEARASIL softens and loosens blackheads so they 'float' out with normal washing. And CLEARASIL is greaseless, stainless, pleasant to leave on day and night for uninterrupted medication.

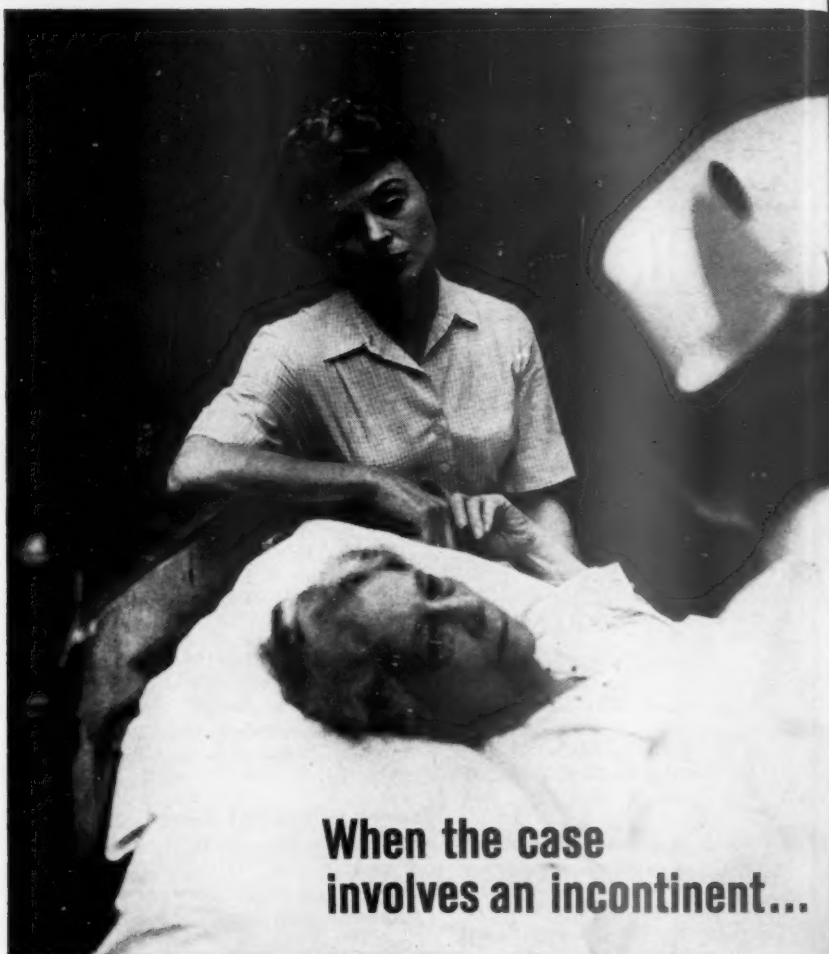
Proved In Clinical Tests . . . Recommended By Nurses. In controlled clinical tests on over 300 patients, 9 out of every 10 cases of pimples were completely cleared up or definitely improved while using CLEARASIL. You can recommend CLEARASIL with confidence. Many nurses already do as shown by a survey of the readers of this magazine. CLEARASIL is guaranteed to work or money back.

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and copy of clinical report,
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Tube 69¢ and 98¢
Long-lasting lotion
Squeeze-bottle \$1.25
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When the case involves an incontinent...

*suggest to the family that these home nursing aids
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Large and Extra Large. Facilitate management of fluid and fecal discharges while keeping bed linen clean and dry.

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Send for free folder "Helpful Hints For Home Nursing"

'YOU MAKE OUT THE TIME SHEET, PLEASE!'

sary. So we make it more bearable by arranging among ourselves how to share it.

MRS. WILLINGHAM: It seems we've wandered away from the time sheet. Is there anything we should add?

MISS DOWNS: I can think of one point. As I've said, at first I tried to please everyone. So did every other nurse who made out the sheet. No one completely succeeded. As a result, we now understand that each week's schedule has to be a compromise, and accept it. None of us sees any point in complaining.

MISS GARBARINI: There are two other advantages: First, the nurse's time-sheet experience comes in handy when she has to take over for me on my days off or during my vacation. Second, the experience is useful for a new graduate who comes to our service. It helps her understand the intricacies of floor staffing.

MISS DOWNS: "Intricacies" is right. A nurse meets plenty of them when she makes out a time sheet. Those of us who've had the experience are glad to hand the whole thing back to the head nurse!

END



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at diaper change
wipe away irritating ammonia and fecal matter that cause diaper rash

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TUCKS cleanse and soothe irritated surfaces when used as a wipe...cool and comfort the distress of chafing...encourage thorough cleansing.

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90 RN · SEPTEMBER 1960

The Status of the Antibiotics

Continued from page 54

toxic and aren't likely to be used in the casual way that causes resistant staph to develop. They're injected intravenously. Ristocetin can cause bone marrow damage and white blood cell depletion. Vancomycin can produce deafness and kidney damage. So they're mainly reserved for seriously ill patients.

Recently, new forms of the broad-spectrum antibiotics have been introduced. These are claimed to attain higher antibacterial levels in the blood and body tissues and to stay at effective levels for longer periods of time.

One, demethylchlortetracycline (Declomycin), is said to be especially long-lasting. It's eliminated very slowly by the kidneys. So only a couple of capsules daily suffice to keep some infections under control. Since the drug stays in the body for a day or two after the final dose, late flare-ups of infection are less likely.

Chemists have also combined the tetracyclines with substances said to speed absorption when

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THE STATUS OF THE ANTIBIOTICS

taken orally. These "buffers" include glucosamine, citric acid, and phosphates. They're claimed to tie up intestinal minerals that interfere with tetracycline ab-

sorption. While some doctors deny that these "absorption enhancement" agents actually increase the amount of antibiotic that gets into the blood, all agree

legal pointer

QUESTION: *On doctors' orders, I sometimes give injections of antibiotics and vaccines in my home as a favor to relatives and friends. I'm an inactive R.N. Is this practice legally dangerous?*

ANSWER: There's nothing in the law which requires subcutaneous injections to be given in a hospital, clinic, or physician's office. As an R.N.—even though you're inactive—you may carry out physicians' orders in your home and elsewhere.

Two problems are involved here: (1) communication with the doctor and (2) obtaining antibiotics and vaccines from proper sources. You should (1) insist on a written order from the doctor; (2) ask the doctor to provide the antibiotics and vaccines, or have him make the necessary arrangements with a pharmacist to supply them to you.

At best this practice is only tolerable from a legal point of view, not particularly desirable. In no event should you accept the word of a relative or friend that a doctor has ordered an injection. Always insist on a written order.

DO YOU HAVE A QUESTION about some legal aspect of nursing? If so, send it to William A. Regan, LL.B., care of RN. He'll select questions for reply on the basis of their general interest. None can be acknowledged or returned.

the American

UTENSIL WASHER-SANITIZER

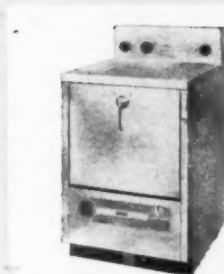


Protects patients and personnel against cross contamination - - dependably and at less cost.

Prevention of cross contamination from patient utensils is accomplished rapidly, automatically and at reduced cost with the new American Utensil Washer-Sanitizer. The powerful detergent wash, double rinse and steaming cycles are completed in 22½ minutes . . . with no attention from nursing personnel other than loading and unloading. Three sets of utensils are processed in two loads.

The American Utensil Washer-Sanitizer is economical to install and pleasant for nursing personnel to use. It assures uniformly high standards of cleaning and sanitizing by eliminating the possibility of human error . . . and, its modest cost is more than justified by the saving in personnel time alone.

For complete information on this improved utensil technique, write for bulletin SC-321-R.



The American Utensil Washer-Sanitizer is available with clean-up counter or as the free-standing unit shown above.



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related hospital equipment*

that *injection* is a certain way to attain high blood levels rapidly.

A new parenteral form of the tetracyclines is said to be superior to earlier injectable ones. Called pyrrolidinomethyl tetracycline (Syntetrim, Velacycline), it's claimed several thousand times more soluble and absorbable. And it reportedly reaches high plasma levels. Combined with lidocaine, a local anesthetic, it's said to cause little pain when injected into a muscle.

Another new parenteral broad-spectrum drug is chloramphenicol succinate (Chloromy-

cetin Succinate). It can be injected directly into the veins of a patient who's too sick to take the parent drug by mouth. It's claimed nonirritating to muscle and subcutaneous tissues. According to reports, it releases the basic antibiotic in amounts that quickly yield high levels in the infected areas.

The "old stand-bys" among the antibiotics don't act so dramatically, or against so many microorganisms, as these latest broad-spectrum products. Yet, some of them serve as well in special situations. *More▶*

Advertisements

Ideal Treatment For Hemorrhoids

... before and after parturition

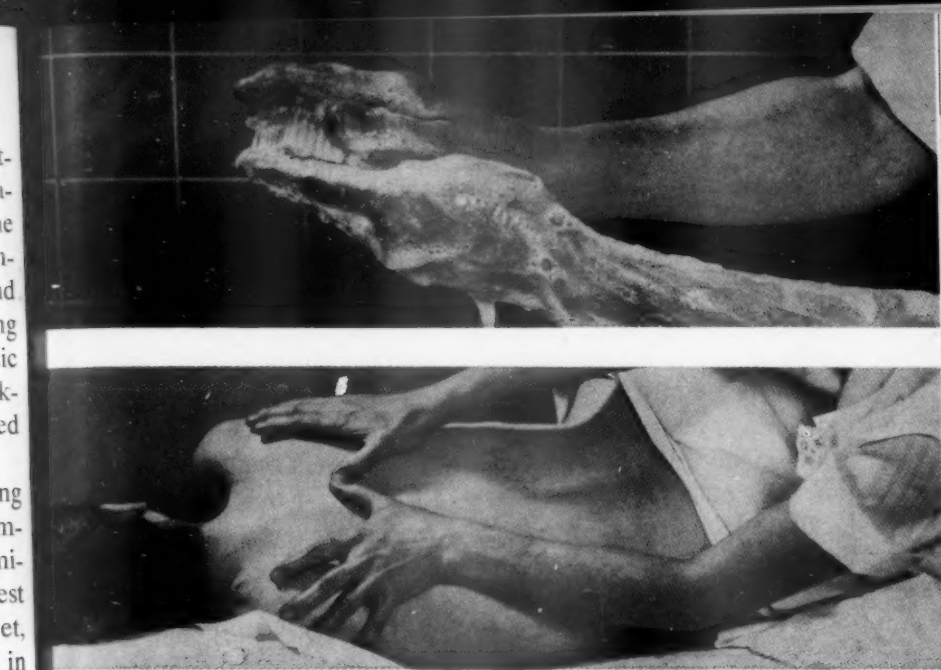
One of the problems frequently encountered in patients before and after childbirth is hemorrhoids. Convincing clinical evidence indicates that a medicament known as Preparation H® offers an ideal approach to the management of hemorrhoids in such cases when surgery is so often contraindicated.

Preparation H contains a unique, new healing substance (Bio-Dyne®)—the development of a world-famous research institution. This new hemorrhoidal treatment reduces the lesions without astringents; relieves pain without narcotics (which may

mask serious rectal pathology); controls infection and congestion; stimulates the proper growth of epithelium and accelerates healing.

The effectiveness, safety and ease of application of Preparation H have been convincingly demonstrated by experienced proctologists on patients with hemorrhoids and associated ano-rectal disorders such as cryptitis, papillitis, fissures, fistulae, and proctitis ani.

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Revlon Silicare®

it's protective—with a silicone content that provides an invisible surface film to help conserve natural oils of the skin.

it's healing—with glyoxyl diureide as the healing agent . . . plus mildly keratolytic emollients that soothe rough, dry skin.

it's antiseptic—with hexachlorophene to help prevent and overcome any tendency to secondary infection.

it's antipruritic—with small amounts of camphor and menthol to relieve itching, burning discomforts.

and it's long-lasting—with protective properties that last through several ordinary washings of your hands.

You will be especially pleased with its smooth consistency, appealing mild fragrance, and its non-greasy, non-sticking properties. Silicare leaves no visible film or coating to impair your manual dexterity.

Be kind to your hands. Use Silicare at convenient intervals during your duty hours—and see how much more comfortable it keeps your hands.



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*The proved protective and healing qualities of Silicare are confirmed by prominent dermatologists in their study of hand dermatitis in nurses, complete healing or marked improve-

ment being observed in 95.6% of cases by regular use of Silicare.

—Le Van, P., Sternberg, T.H. & Newcomer, V.D.:
Cal. Med. 81:210, 1954.

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THE STATUS OF THE ANTIBIOTICS

For example, antibiotics such as bacitracin, tyrothricin, polymyxin, and neomycin effectively keep minor skin and mucous membrane infections from spreading. They may be given singly or in combination with anti-inflammatory corticosteroids; or, several may be combined in one ointment or solution. This makes a product that's locally effective against a wide variety of germs—a sort of synthetic broad-spectrum preparation.

Another advantage of these special-spectrum antibiotics is that they're less likely to provoke allergic reactions in treating local infections than penicillin and sulfa drugs. So the latter can be held in reserve for more serious systemic infections.

Occasionally, bacitracin, polymyxin, and neomycin may be given by injection. Such use is rare and occurs only when cer-

tain serious infections don't respond to other preparations. When these drugs are so administered, the risk of kidney damage and other toxic reactions is considerable.

The drugs may be given by mouth, for they don't readily pass into the systemic circulation. Instead, they tend to accumulate in the gastrointestinal tract and exert their antibacterial actions there. Neomycin and polymyxin are especially helpful when used as intestinal antiseptics.

To sum up: The antibiotics can be safe and effective or extremely toxic. Caution continues to be the keynote in their use. Doctors are constantly learning how best to employ them. With the help of these antimicrobial weapons, we can confidently expect to achieve even better control of infections in the near future.

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Clinical experience has proven that Dulcolax Suppositories are so safe, reliable and effective that their use virtually does away with the need for enemas.

By abolishing routine enema administration, Dulcolax:

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In most instances one Dulcolax suppository results in a single but complete evacuation of soft, formed stool within the hour. In stubborn cases Dulcolax Tablets may be administered in conjunction with the suppositories.

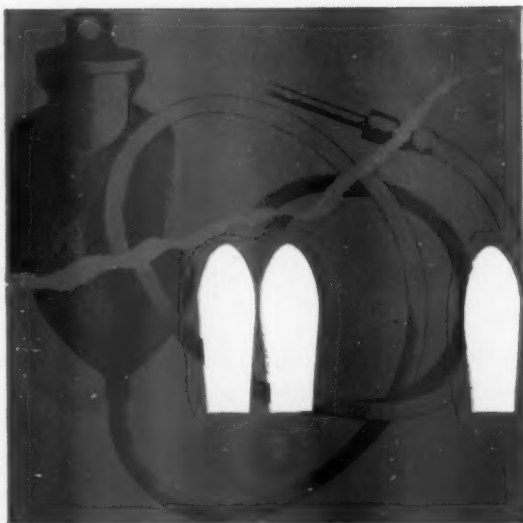
Dulcolax®, brand of bisacodyl: Yellow enteric-coated tablets of 5 mg. and suppositories of 10 mg. Under license from C. H. Boehringer Sohn, Ingelheim.

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Gentlemen:

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*Routine use by physicians, nurses and patients
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The antibacterial ingredient in Dial—a synergistic combination of hexachlorophene and trichlorocarbanilide—has long been known for its effectiveness against the skin bacteria that cause perspiration odor.

Now new and more extensive tests have established that Dial inhibits the growth of a wider range of gram-positive and gram-negative bacteria than any other leading toilet soap—including strains that are resistant to antibiotics.

Many physicians already recommend the use of Dial to their patients. Now this new evidence points up even more sharply the benefits of Dial for hospitalized patients and hospital personnel.

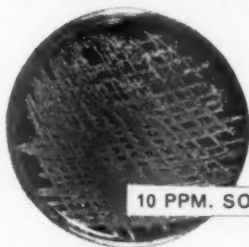
Dial is available in guest sizes for hospitals. Ask your hospital purchasing agent to write our laboratory at the address below for information and free samples.

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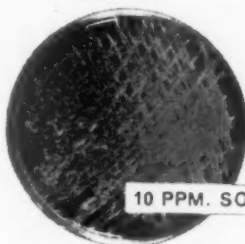
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1. Ordinary toilet soap left
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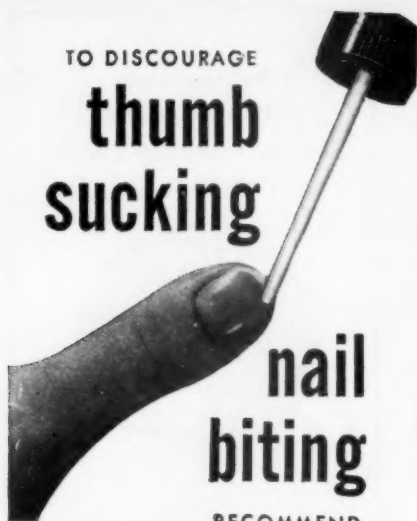
10 PPM. SOAP

3. Dial Soap completely in-
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Staphylococcus aureus.



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**WHAT'S
NEW IN**

Drugs

Skin-Soothing Steroid: Poison ivy and other painful skin ills appear to yield quickly to a new anti-inflammatory agent, dichlorisone acetate (*Diloderm*).

Applying the drug topically in an almost invisible film reportedly provides rapid, long-lasting relief of itching and burning. Lesions fade and dry up, it's claimed. And, say reports, the tiny amounts required cause no systemic side effects.

The new steroid is also available in combination with the antibiotic neomycin. Called *Neo-Diloderm*, the product is suggested for use when bacterial infections are present.

Three for G.I. Distress: The following new products for digestive disorders contain ingredients claimed to have special biophysical properties:

Mylicon. Its active agent, methyl polysiloxane, reportedly relieves gastric distress by breaking up air bubbles in stomach and intestines. This antifoaming action is said to free trapped gas and help remove it more readily.

Kanulase. This is another prod-



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WHAT'S NEW IN DRUGS

uct for reducing intestinal gas. Its action depends on several enzymes, including a new one called cellulase. The enzyme is thought to break down indigestible plant fibers before they reach the colon, thus keeping the intestinal bacteria from forming gases.

Sorboquel. An antidiarrhea product, it combines two chemicals claimed to work in tandem to stop frequent fluid stools. One agent, polycarbophil, is said to sop up free fecal water. Its partner, thiexinol, reduces intestinal motility. Together, the pair reportedly lessen the number of loose bowel movements in both acute and chronic diarrheas.

Kidney-Stone Solvent: Urologists report that hemiacidrin (*Renacidin*), a new mixture of organic acids, helps dissolve many kinds of kidney stones.

Patients with indwelling catheters can use the solvent to keep calcium deposits from forming and

plugging the urine outlet, it's said. Some other reported results:

¶ Irrigating the patient's urinary tract with a nonirritating solution breaks down some "soft" stones to sizes that can readily be passed.

¶ Dripping a 10 per cent solution continuously through a ureteral catheter makes some harder stones porous enough to be crushed with instruments.

Mood-Stabilizer: A new nerve-calming chemical, amphenidone (*Dornwal*), reduces anxiety and tension with relatively few side effects, say some reports. It's claimed best for neurotic patients and for normal people under emotional strain.

The drug has helped calm down behavior-problem children. According to one pediatrician, it suppressed temper-tantrum outbursts, controlled bed-wetting, and made quarrelsome youngsters more cooperative.

—MORTON J. RODMAN, PH.D.

"Nurse! Oh, please do something for this awful itching!"

When a patient cries out for relief from the itching or burning torment of dry eczema, simple rectal or vulval irritation or chafing—many nurses rely on soothing Resinol Ointment.

Resinol medication is held in contact with itching skin by a lanolin-rich base, prolonging its comforting action and permitting relaxed rest. 60 years a blessing to skin sufferers.

May we send you a convincing sample? Write Resinol, RN-52, Baltimore 1, Md.

1 1/4 ounce and
3 1/2 ounce jars

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General duty nurse—Many things to many patients
Making her rounds, she is a reassuring voice . . .
a comforting hand . . . a symbol of security . . .
doing for those who have not the strength
or knowledge to do for themselves.

A tribute to the nursing profession by the markers of Modess® Tampons . . . the flexible tampon



When you see diaper rash recommend **Diaparene**[®]

anti-bacterial
ointment
anti-bacterial
rinse

Diaper rash can best be treated by destroying the urea-splitting bacteria in the diaper and on the baby's skin. Diaparene anti-bacterial preparations destroy these bacteria, prevent ammonia formation, and help clear the rash rapidly.

Diaparene Ointment mixes readily with urine to inhibit ammonia-producing bacteria . . . helps prevent further rash development by destroying the bacteria on the skin. Its water-miscible emollient base soothes excoriated areas and promotes healing.

Diaparene Rinse's sustained action inhibits the urea-splitting bacteria for up to fifteen hours

after the diaper has been soiled. With this lot of protection, even the night diaper will not cause rash. The mother can rinse the diaper at home with Diaparene Rinse. Or a Diaparene franchised diaper service will supply Diaparene impregnated diapers.

And for prophylaxis . . . Once the diaper rash is cleared up, help the mother keep baby's skin clear by recommending the Diaparene prophylactic regimen for around-the-clock protection—routine use of Diaparene anti-bacterial Powder and Diaparene anti-bacterial Lotion along with Diaparene Rinse.

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RN positions

ADMINISTRATIVE ASSISTANT: To Director of Nursing Service. Masters Degree desired plus 3-5 yrs. experience, 250 bed hospital already open. Apply Director of Nursing, Mason Memorial Hospital, Springfield, Mass.

ADMINISTRATORS: (a) Nurse adm. small and new hospital, Minn. \$7000; (b) Asst. adm. 160 bed hosp., popular E. mountain resort to \$7500; RN 9-1, Burneice Larson, The Medical Bureau, Inc., 900 North Michigan Ave., Chicago 11, Ill.

AMERICAN RED CROSS NURSING SERVICES: Nurses, ages 26-48, further your experience in the adaptation of nursing skills to disaster situations, and do teaching, supervision of community organization as a traveling nursing representative on a state-wide basis, as a director of nursing programs in a local chapter. Qualifications: Bachelor's degree, one experience in public health nursing is desirable. Yearly salary increases, liberal life, group insurance plan, retirement system plus social security benefits. Direct inquiries to: Mr. Norman A. Durfee, National Director, Personnel Services, American National Red Cross, Washington 6, D. C.

ANESTHESIA COURSE: The Albany Hospital School for Nurse Anesthetists offers a 12 month course of training in anesthesia for registered nurses. Course begins Sept. 1. Accredited by the A.A.N.A. G.I. approval. For information write Albany Hospital School for Nurse Anesthetists, Albany Hospital, Albany, N. Y.

ANESTHETISTS: (a) Complete responsibility bed hosp., Pacific N.W.; \$7500; (b) OB for 250 bed hosp. near Chicago; \$6600; (c) Anes. brand new 150 bed hosp. South, \$7000; (d) Join staff new modern surgery San Francisco; to \$8500; RN 9-2, Burneice Larson, The Medical Bureau, Inc., 900 North Michigan Ave., Chicago 11, Ill.

ASSISTANT DIRECTOR OF NURSING SERVICE: Position available now in 525 bed modern and progressive general hospital in northern Calif. Excellent salary and fringe benefits, including retirement plan. B. S. Degree and good experience required. Reply to No. SCH, c/o RN Magazine, Oradell, N.J., for complete history of education and experience.

RECREATIVE OPPORTUNITIES: Get away from fog, smog, and crowded industrial areas. Move to Wonderful Wyoming. 340 days sunshine and fresh air in year-round recreation resort area. Position vacancies all shifts and services. 200 bed JCAH hospital. State school and growing medical center of Wyo. One of Famous Frontier Days and SAC Air Base. 50,000 population.. Metropolitan

Denver 2 hr. drive from Cheyenne. Excellent personnel policies, 40 hr. wk., 2-3 wk. vac., sk. lv., 7 pd. holidays, new Nurse Residence only \$43 room & board. Excellent housing facilities 10 mins. from hosp. Starting salaries \$305 day, \$330 eve., \$320 night, \$320 surgery. No rotation. Apply Dir. of Nursing, Memorial Hospital, Cheyenne, Wyo.

CLINICAL INSTRUCTOR: In Psychiatric Aide program. For expanding educational department in State Hospital in West Central Kan.; Degree not essential. Must have supervisory and psychiatric experience. Social security, paid vacation, holidays, and sick leave. Salary compensatory with experience. Starting salary \$376. Periodic increases up to \$481. Apply: Larned State Hospital, Larned, Kan.

CLINICAL INSTRUCTOR: Psychiatric Nursing Limited group of basic diploma student nurses in state accredited affiliation program. Concurrent theory and practice. Qualifications: B.S. degree teaching and satisfactory Psychiatric Nursing experience. Clinical teaching and assist with formal teaching. Paid vacation, holidays and sick leave, social security. Starting salary \$395 periodic increases up to \$505. Apply: Larned State Hospital, Larned, Kan.

DIETITIAN: Must be registered and well qualified to handle a 285 bed general hospital. Excellent salary with full maintenance if desired, we have beautiful nurses' home, all private rooms nicely furnished, located 36 miles from New York City, served by Lackawanna Railroad as well as several bus lines. Write giving full qualifications to Dover General Hospital, Jardine St., Dover, N.J. Att: C. T. Barker, Director.

DIRECTOR OF NURSING: 200 bed hospital in Mid-West. Must be Registered Nurse with at least a Bachelor of Science degree and 5 yrs. experience as Asst. Dir. with hospital of comparable size or larger. Starting salary \$7,000 per yr., excellent fringe benefits. No nursing school responsibility. Apply Box No. DH, c/o RN Magazine, Oradell, N.J.

DIRECTOR OF NURSING: 1000 bed Neuropsychiatric State Hospital, dynamically oriented, approved for 3 yr., psychiatric residency program, prefer Masters Degree, salary excellent. Write: S. M. Korson, M.D. Supt., Mental Health Institute, Independence, Iowa.

DIRECTOR OF NURSING EDUCATION AND NURSE INSTRUCTORS: Psychiatric Nursing Affiliate and Psychiatric Aide programs. 1600 bed State Hospital, modern facilities, Civil Service benefits. Apply Director of Nursing, Rochester State Hospital, Rochester, Minn.

DIRECTOR OF NURSING SERVICES: 66 bed accredited hospital. Write: C. W. Harrington

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106 RN - SEPTEMBER 1960

ton, Administrator, Cary Memorial Hospital, Caribou, Me.

DIRECTORS OF NURSES: (a) Also responsible administration 75 bed hosp. Ohio, \$7500 (b) Dir. Service and School of 90 students 300 bed hosp. commute N.Y.C. to \$10,000 state (c) Dir. of Nursing, 400 bed univ. affil. hosp. 200 students, N.L.N. school; attractive salary furnished apartment; So; (d) Dir. of Nursing; 165 students; 400 bed hosp. Eastern seaboard medical center; excellent opportunity (e) Dir. of Nurses, 60 bed hosp.; Wisconsin lake resort; \$6000; RN 9-3 Burneice Larsen The Medical Bureau, Inc., 900 North Michigan Ave., Chicago 11, Ill.

GENERAL DUTY NURSES: All depts. in 2 bed general hospital, liberal personnel policies 40 hr. wk., other fringe benefits, rooms available in Graduate nurses residence if so desired. Apply Director of Nurses, St. Mary's Hospital, West Palm Beach, Florida.

GENERAL DUTY NURSES: 84 bed hospital finest equipment 40 hr. wk., very liberal personnel policies, pleasant working environment, rotating shifts, salary range \$337.99-\$457.59 mo., \$20 evening and night differential. Atomic Energy Project, not civil service. Write Director of Nurses, Los Alamos Medical Center, Los Alamos, N. M.

GENERAL DUTY NURSES: 135 bed hospital on San Francisco Bay. Rooms available. Opportunity for advanced education in the area. Salary range — monthly — \$345-\$390. \$20 shift differential, \$10 added for experience OB and OR. Director of Nurses, Alameda Hospital, 2070 Clinton Ave., Alameda, Calif.

GENERAL DUTY NURSES: Immediate openings in OR, Obstetrical and Medical and Surgical Units. Rotating or permanent afternoon or night tours of duty. Bonus of \$20 for OR afternoon and night tours. New 196 bed hospital, 45 mins from NYC. Modern nurses residence. Apply Director of Nursing, Pheasant Memorial Hospital, North Tarrytown, N.Y.

GENERAL DUTY NURSES: For JCAH accredited 210 bed general hospital with N.Y. provisionally accredited school of nursing. Pleasant suburban environment 35 mi. from NYC. 40 hr. wk. \$235 per month. \$50 differential for 3-11 and \$40 for 11-7. Regular increments, liberal personnel policies including generous sick time and vacation allowance 8 paid holidays. Scholarship aid available. Continued collegiate study. Social Security good living facilities provided at \$30 per month. Call or write Director of Nursing, White Plains Hospital, White Plains, N.Y. Telephone White Plains 9-4500.

GENERAL DUTY STAFF NURSES: Six years old, 310 bed general hospital has vacancies in all services due to completion of new wing. Opportunity for advancement. Liberal personnel policies, planned merit increases, substantial afternoon and night differential. Educational and cultural opportunities accessible in nearby Akron and Cleveland. Apply: Director of Nursing Service, Barborton City Hospital, Barborton, Ohio.

GENERAL DUTY STAFF NURSES: Vacancies on all services due to completion of new wing which has increased bed capacity to 400. Private general hospital with 125 students school of nursing, 3 yr. diploma course. University nearby for advanced study. 40 hr. wk. Excellent salary and liberal benefit program, including noncontributory pension plan in outstanding midwestern institution. Centrally located in the city and convenient residential and shopping facilities. Live

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GENERAL STAFF NURSES: 350 bed hospi-
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pital with school of nursing, situated 3 blocks
from Atlantic Ocean. Beginning salary \$30
evening duty bonus \$20, night duty bonus \$10.
Apply Director of Nursing, Southampton Hos-
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write to: Director Nursing Service, University
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GRADUATES: Mercy College of Anesthesia
ogy offers an 18 mo AANA approved course
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Write: Director, Anesthesia Dept., Mount
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We need good nurses interested both in latest
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INSTRUCTOR: To teach some of the sciences in an accredited 1 year school of practical nursing, two classes a year accepted, degree or working toward a degree required. Salary dependent on education and experience. Apply Director of Nursing Education, St. Baltimore General Hospital, 1213 Light St., Baltimore 30, Md.

INSTRUCTOR IN PEDIATRICS: Large hospital, \$375 per month. Write: Director of Nursing, General Hospital, Kansas City, Mo. **INSTRUCTOR-MEDICAL AND SURGICAL:** Formal and Clinical Teaching, NLN full accreditation, one class yearly or approximately 40 students, B.S. Degree and teaching experience required, liberal personnel policies, salary based upon background, no nursing service responsibilities. 500 bed general hospital, direct transportation to New York City in 35 minutes. Write: Director of Nursing, Newark Beth Israel Hospital, Newark, N. J.

INSTRUCTORS: (a) Med-surg., Psych., fundamentals, collegiate program, most exclusive Florida ocean resort; \$6600; (b) Med-surg., fundamentals, N.L.N. diploma school, Chicago; \$6600; RN 9-5, Burneice Larson, The Medical Bureau, Inc., 900 North Michigan Ave., Chicago 11, Ill.

LABOR AND DELIVERY ROOM NURSE: Private general hospital with bed capacity over 400, including 63 bassinets. Require license (or eligible for license) in Wisconsin. Excellent salary and liberal benefit program. Convenient to residential and shopping facilities, or living accommodations available premises if desired. Contact Personnel Director, Milwaukee Hospital, 2000 W. Kilbuck Ave., Milwaukee 3, Wis.

MEDICAL-SURGICAL INSTRUCTOR: degree, previous experience in teaching preferred, formal and clinical teaching, diploma program. Salary dependent on background. Apply Director of Nursing Education, Knapp College of Nursing, 2400 Bath Santa Barbara, Calif.

MEDICAL SURGICAL SUPERVISOR: bed hospital. B.S. degree desirable plus yrs. experience. Progressive Department personnel policies. Apply Director of Nursing Service, Wesson Memorial Hospital, 140 E. St., Springfield 5, Mass.

NORFOLK GENERAL HOSPITAL: Offer graduates of accredited schools of Nursing an 18 months comprehensive course in anesthesia conforming to curriculum revised A.A.N.A. Approved for training under G.I. Bill. Exchange students accepted, maintenance plus liberal stipend granted 6 months. New class begins Monday, Oct. 3, 1960. Apply: Director, School of Anesthesia, Norfolk 7, Va.

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ANESTHETIST: For 640 bed general hospital, no pediatric department, 40 hr. wk., overtime, salary open, generous employee benefits. Apply Personnel Office, Akron City Hospital, 525 East Market St., Akron 9, Ohio

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NURSES: Are you interested in working on a very democratic faculty on a progressive Nursing Education Program? Consideration of new educational facilities and expansion of the program create a need for Medical-Surgical II instructors with degrees in Nursing-Education. Salary open. Our community is within easy driving distance of mountains and coast. It is rich in the history and landmarks of both the Revolutionary and Civil Wars. Apply: Mr. William J. Administrator, The Memorial Hospital, Asheville, Va.

NURSES: Registered staff nurses, 3 yr. graduated preferred. 80 bed hospital comprised of general hospital and 38 bed miners hospital, congenial medical staff, rotating shifts \$300 mo. base pay. \$15 differential for evenings and nights. 8 pd. holidays, 14 days vacation, 21 days after 3 yrs., retirement plan, other liberal personnel policies, beautiful home with television, \$45 mo. full maintenance, town of 9,000 surrounded by mountains, desirable climate year round. Apply to M. Coffey, Admin., Miners Hospital of Mexico, Raton, N. M.

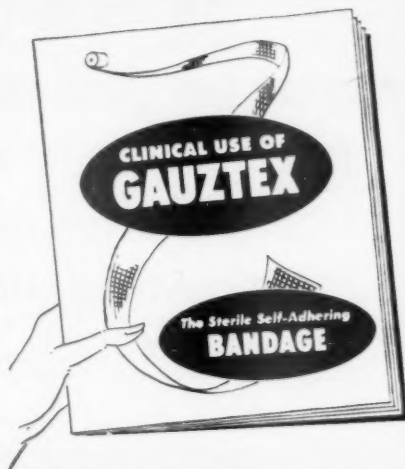
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NURSES: Registered, operating room, delivery room and general duty for 350 bed hospital in western suburb, 16 miles west of Chicago's loop. Starting salary for experienced operating room nurses \$400, starting salary for delivery room nurses \$365, differential salary for general duty \$350, differential of \$15 for PM and night shifts, 8 pd. holidays and other liberal benefits. Apply Mrs. Emily Strong, Personnel, Memorial Hospital, Elmhurst, Ill.

NURSES: For new 75 bed general non-profit hospital. Resort area. Contact Administrator, Coast Community Hospital, South Coast, Calif. HYatt 4-8501.

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Source: Peters, B. J.: J. Michigan M. Soc. 57:1419, 1958.



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(1) Williamson, P.: Practical Use of the Office Laboratory and X-Ray, Including the Electrocardiograph. St. Louis, C. V. Mosby Company, 1957, p. 41. (2) Free, A. H., and Fonner, D. E.: Studies With a Combination Test for Detection of Glucose and Protein, Abstract of 133rd Meeting, American Chemical Society, San Francisco, April 13-18, 1958, pp. 14c-15c.

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NURSES: Supervisors and Team Leaders. Ac- ited 200 bed general hospital in suburbs of hington, D.C. 40 hr. wk., merit increases, rement plan. Accept graduates prior to stration. Nearby universities for continued ation. Director of Nursing, Suburban pital, Bethesda 14, Md.

NURSES SURGICAL: Nurse, surgical, 40 hr. 7 AM-3 PM, excellent salary and person- policies, meals included, air conditioned pital. Edgewater Hospital, 5700 N. Ash- Ave., Chicago 26, Ill.

NURSES SURGICAL: Nurse, surgical, ex- celled ENT. 40 hr. wk., 7AM-3PM, ex- ent salary and personnel policies, meals d, air-conditioned hospital, Edgewater pital, 5700 N. Ashland Ave., Chicago 26, Ill.

OBSTETRIC SUPERVISOR: Administrative ity, experience required, organize and d nursing service in active department of bed general hospital, in southern lower b. You are only 20 mins. from downtown it. Housing and meals are available, ex- ing liberal personnel policies, fringe bene- Excellent opportunity for a person of am- on and ability. Apply Personnel Director, andotte General Hospital, Wyandotte, Mich.

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OPENING: For registered nurses in new modern well equipped 60 bed hospital. Salary \$25 to \$50 above average for region. 40 hrs., holiday pay, liberal fringe benefits. Phone or wire collect Supervisor, Pioneer Memorial Hospital, Heppner, Ore.

OPERATING ROOM: Supervisor and Assist- ant Supervisor to direct and manage a well equipped surgical suite in busy 382 bed hos- pital. JCAH accreditation. Average number of procedures per mo. \$505. Degree desirable. Recent experience and post graduate training required, salary attractive, liberal personnel policies, immediate openings. Contact Di- rector of Nursing, The Mercer Hospital, Trenton 8, N.J.

OPERATING ROOM AND STAFF NURSES: 200 bed community hospital, modern air con- ditioned surgical suite, excellent salary, liberal benefit program, bonus for call duty, oppor- tunity for promotion, midway between Boston and New York, accessible to shore. Apply The William W. Backus Hospital. Personnel Office, Norwich, Conn.

OPERATING ROOM NURSE: Modern 100 bed hospital. Present staff of 4 nurses requires one additional as surgery expands. Salary and fringe benefits excellent. Nurses home and pay cafeteria available. 125 miles from Boston. Write: Mr. R. Rhoades, R.N., Sur- gical Supervisor, Springfield Hospital, Spring- field, Vt.

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OPERATING ROOM NURSES: 250 bed hospital, salary based on experience in operating room nursing, call time additional, rooms available in Graduate Nurses Residence if so desired. Apply Dir. of Nurses, St. Mary's Hospital, West Palm Beach, Fla.

OPERATING ROOM NURSES: Community Hospital, Lake region, 25 miles from New York, salary commensurate with experience, excellent personnel policies. Apply: Director of Nursing, Riverside Hospital, Boonton, N.J.

OPERATING ROOM NURSES: 160 bed general hospital located in a beautiful residential section along the North Shore of Chicago. Starting salary \$390 for days, \$420 for evenings, 40 hr. wk. Modern ranch style nurses' homes with attractively furnished private bed rooms. Contact Personnel Director, Highland Park Hospital Foundation, Highland Park, Ill.

OPERATING ROOM NURSES: For 400 bed private general hospital with new operating room suites. Experienced or will train. Require Wisconsin license, or eligible. No call duty. Excellent salary and liberal benefit program. Contact Personnel Director, Milwaukee Hospital, 2200 W. Kilbourn Avenue, Milwaukee 3, Wis.

OPERATING ROOM REGISTERED NURSES: 280 bed JCAH accredited general voluntary non-profit hospital. 40 hr. wk., General and special surgery, Board certified specialists. Liberal personnel policies, cultural, educational and recreational opportunities. Hospital contributes to Blue Cross, \$345-\$400 per month. Differential for evenings and nights. California registration required. Inquire Director Nursing Service, Hollywood Presbyterian Hospital, 1322 North Vermont Ave.,

Hollywood 27, Calif.

OR & STAFF NURSING: Active 100 children's medical center. University affiliation. Good personnel policies. Apply Director of Nursing, St. Christopher's Hospital for Children, 2600 N. Lawrence St., Philadelphia 33, Pa. Telephone GA 6-5600.

OR SUTURE AND GENERAL DUTY NURSES: 100 bed hospital, 40 minutes from New York City, meals gratis, nurses residence available. Apply: Director of Nurses, Long Beach Memorial Hospital, Long Beach, Calif.

PEDIATRIC ASSISTANT NIGHT SUPERVISOR: For active 225 bed teaching and research children's hospital. 40 hr. wk., liberal personnel policies. Housing available. Salary depends on qualifications. Experience in supervision preferred. Apply Director of Nursing, Children's Hospital, 2125 13th St., N.W., Washington 9, D.C.

PEDIATRIC CLINICAL INSTRUCTOR: 100 bed pediatric medical center, university affiliation. Affiliating student program. Degree in Nursing required. At least 1 or more years experience in nursing and preferably as teaching experience. Salary commensurate with qualifications, opportunity to pursue advanced study. Write or Call Director of Nursing, St. Christopher's Hospital for Children (non-sectarian), 2600 N. Lawrence St., Philadelphia 33, Pa. Tel. GA 6-5600.

PEDIATRIC, PSYCHIATRIC AND GENERAL DUTY NURSES: Salary range \$345-\$390 plus \$33 shift differential, nurses residence. Apply Director of Nurses, Cedars Lebanon Hospital, Los Angeles 29, Calif.

PEDIATRIC STAFF NURSE: For active 100 bed teaching and research children's hospital. Starting salary \$300 per mo. with even-

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night differentials. Operating Room per mon. with bonus for Operating call. 40 hr. wk., vacation, holiday and v. privileges. Promotional opportunities for qualified nurses. Apply Director of Nursing, Children's Hospital, 2125 13th St., Washington 9, D.C.

PROFESSIONAL NURSES: Staff positions in all clinical services. Expanding medical per \$300-350 monthly, \$25 bonus evenings and nights, bi-annual merit increments. Advancement opportunities, relocation loan available, social security, laundry, health insurance, in-service education programs, college education opportunities. Come to Dallas. Let us tell you more. Write Director Nursing Service, Parkland Hospital, Dallas, Tex.

PSYCHIATRIC NURSE: To plan and supervise educational program for all nursing personnel in large State Psychiatric Hospital. Qualifications: B.S. degree in nursing education, experience in supervisory and/or educational capacity in psychiatric hospital, clinic, school of nursing. Paid vacation, sick leave, social security. Starting salary \$436 per month. Periodic increases up to \$557 per month. Larned State Hospital, Larned, Kan.

PSYCHIATRIC NURSES: As supervisors, staff nurses and staff duty nurses in 250 bed psychiatric hospital. Liberal personnel policies, 40 hr. wk., other fringe benefits. Rooms available in Graduate nurses residence if so desired. Apply Director of Nurses, St. Mary's Hospital, West Palm Beach, Fla.

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approved psychiatric hospital. Expanding affiliate school of nursing with full NLN accreditation. Write John R. Leet, Personnel Director, Box 724, Augusta, Me.

PSYCHIATRIC SUPERVISOR: Supervisor for new 50 bed psychiatric wing in 525 bed private general hospital. To open approximately April 1, 1961. Position available now. Top salary and fringe benefits, excellent opportunity for R.N. with degree and experience in psychiatric nursing. Write Personnel Department, Sutter Community Hospitals, Sacramento, Calif.

PUBLIC HEALTH: (a) School Nurse, near Chicago; \$6800; (b) Foreign assignment, work with Americans overseas; \$5-\$11,000; (c) Chairman, P.H. Nurse faculty; leading univ. W.; \$700-800 month; RN 9-6 Burneice Larson, The Medical Bureau Inc., 900 North Michigan Ave., Chicago 11, Ill.

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REGISTERED NURSE: For Intravenous Therapy and Blood Bank, no experience needed, we train you. Pleasant suburban community, 25 miles from New York City, 12 bed general hospital, 40 hr. wk., \$335 per month regular increments, living facilities available if desired. Call or write Director of Nursing, White Plains Hospital, White Plains, N.Y.

REGISTERED NURSE: General Hospital bed capacity 49. Must be interested in Maternity, General Medical and Surgical service. Salary range \$335-\$375 per mo., \$50 per month differential. 2 wks. vacation and holidays with pay annually. Hospital insurance plan paid after 3 months. Full time employment. Contact: Administrator, Tracy Community Memorial Hospital, 525 W. Eaton Ave., Tracy, Calif.

REGISTERED NURSE ANESTHETIST 690 bed hospital, primarily surgical, active operating suite. Integral part of developing 236 acre Detroit Medical Center. Salary commensurate with qualifications. Liberal personnel policies. Write or call Personnel Director, Harper Hospital, Detroit 1, Mich.

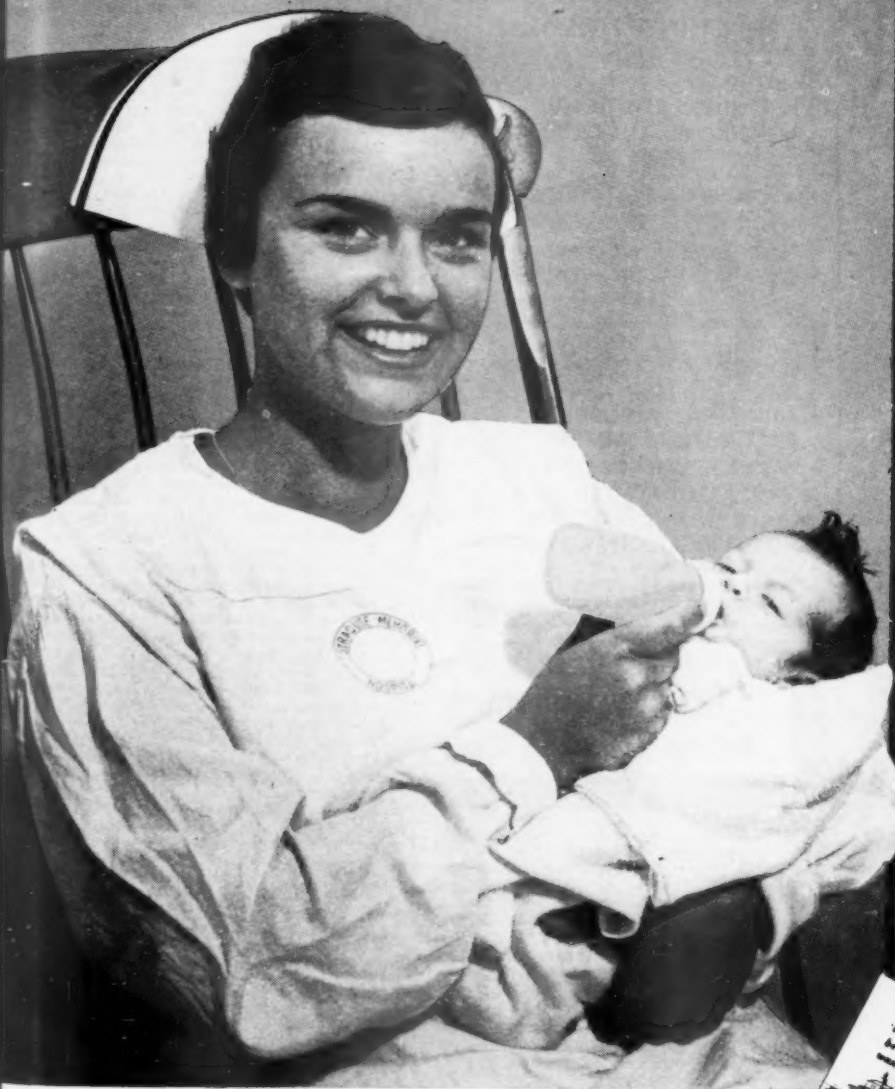
REGISTERED NURSES: 88 bed modern JCAH general hospital, liberal personnel policies, starting salary \$300. \$20 differential evenings or night. 40 hr. wk., college town, 30,000 population, ideal climate, picturesque mountain scenery. Apply: Director of Nursing, Memorial General Hospital, Las Cruces, N.M.

REGISTERED NURSES: Positions available in 120 bed ultra-modern, fully air conditioned general hospital, on Beautiful Gulf Coast, 40 hr. wk., starting salary \$280 with \$10 increase in 3 months. \$20 differential for evening or night duty. Retirement, vacation, sick leave, holidays & etc. Apply: Director of Nursing, Singing River Hospital, Pass Christian, Miss.

REGISTERED NURSES: 100 bed accredited hospital in Central Florida, near Gulf Beaches. Liberal personnel policies. Contact: Director of Nursing, South Florida Baptist Hospital, Plant City, Fla.

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tributions refundable upon termination. Starting salary \$315 plus 4 annual increases. Apply, write or call: Nursing Office, Rm. 222, University Hospital, 410 West 10th Ave., Columbus 10, Ohio, telephone AX4-4848, Ext. 205. Collect calls accepted.

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REGISTERED NURSES: For general duty in 89 bed general hospital, located in central Calif. General duty salary \$320 to \$340 shift differential for evening and night, 4 hr. wk., excellent fringe benefits. Write Administrator, Mark Twain Hospital, San Andreas, Calif.

REGISTERED NURSES: 32 bed general hospital in Eastern Nevada. \$350 full maintenance, adjustments made for living out, 4 hr. wk., shift rotation with excellent fringe benefits. Address Administrator, Steptoe Valley Hospital, East Ely, Nev.

REGISTERED NURSES: For air-conditioned, 200 bed general hospital, organized medical staff, pleasant working conditions, reasonable accommodations in nurses residence. Starting salary \$277 per mo., 2 wks. annual vacation with sk. lv. and holidays. Apply: Director of Nurses, John D. Archbold Memorial Hospital, Thomasville, Ga.

REGISTERED NURSES: About the worst possible thing that could happen in an advertisement happened in my letter to Nurses in this journal in the June issue. I was horrified. I had just returned from the Miami conference and had reported to you all the latest developments here at the Los Angeles County General Hospital. Included also was some information about positions for Nurses open (at \$375 mo.) and in my haste to mail it off to the magazine, I inadvertently signed it BETTY HARTWIG—BUT NO ADDRESS. Unfortunately no one noticed the omission and the entire piece was printed just as I sent it—with no address. You can imagine how I felt when I learned of it! Asking all these Nurses to write to me and not telling them where to write. Fortunately it all worked out. I received letters after letter just as I always do—and all addressed to the County General Hospital, 1200 North State Street, Los Angeles 33, California. It was amazing and I was so happy that nurses remember me and my address even if I don't remember to put it in. It only goes to show you can't keep a good man down—and that goes for hospitals, too. Proves, also, nurses are keeping the name and address of the Los Angeles County General Hospital in their little black book so they will have it when they plan a move. Thanks, and to make up for June, I leave you with my address—Los Angeles County General Hospital, 1200 North State Street, Los Angeles 33, Calif., Los Angeles County General Hospital, 1200 North State Street, Los Angeles 33, Calif.,

REGISTERED NURSES: 105 accredited general hosp. Salary \$330-\$360 per mo. 40 hr wk. liberal vacation holiday & sick lv plan. Apply Director of Nurses, Glenn General Hospital, Willows, Calif.

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metrical floors, good working conditions,
al personnel policies. Apply Director of
ing Service, Western Baptist Hospital,
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REGISTERED NURSES: General Duty 40
mes hospital, college town, resort area, above
age salary, liberal personnel policies in-
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ing in a hospital and community which
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Coreoran, Calif., Phone Wyman 2-3124.

REGISTERED NURSES: Needed for night
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e. Ideal climate. New hospital, good pro-
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REGISTERED NURSES (2): For new 41 bed hospital. One day shift, starting salary \$350 per month. One rotating shift, starting salary \$370 per month. One meal a day, laundry of uniforms, hospitalization and retirement plan. Contact: Administratrix, Lyon Health Center, Yerington, Nev.

REGISTERED NURSES FOR CALIFORNIA STATE HOSPITALS: Streamlined procedure allows prompt appointment. Professional nurses without experience start at \$395 a month, or with one year of psychiatric nursing experience, at \$415 a month; first increase after six months. Openings in educational program for nurses with college degree who have experience in psychiatric nursing and teaching of nursing; qualifying M.A. degree may be substituted for certain experience; starting salary \$530 a month. Nurses registered in other states are usually eligible for California license without examination. Write: State Personnel Board, N 201, 801 Capitol Ave., Sacramento, Calif.

REGISTERED NURSES—LICENSED PRACTICAL NURSES: Openings all shifts. Ex-

panding ultra modern 128 bed general hospital. Progressive policies including salary increases, excellent opportunities for advancement. Starting salaries for RN with shift differential, LPN \$260 with differential. All year round resort area, university near by offering graduate education. Contact Director of Nursing, Sunrise Hospital, Las Vegas, Nev.

REGISTERED PROFESSIONAL NURSES: 659 bed general medical and surgical Veterans Administration Hospital, Dallas, Tex., and salary depend upon professional qualifications; minimum annual salary is \$4820, annual pay increment and excellent promotion opportunities. Personnel policies now include 40 hr. wk., 30 days annual leave, 8 holidays. Citizenship required. Write Chief, Nursing Service, VA Hospital, Dallas, Tex.

REGISTERED PROFESSIONAL NURSES—LICENSED PRACTICAL NURSES—SCRUB TECHNICIANS: We invite you to join us in the beautiful subtropical city of Miami, Fla., we offer liberal personnel policies which include a 40 hr. wk., free laundering of uniforms and retirement pension. Housing on temporary basis is available to graduate nurses. This is a rapidly expanding 1100 bed general hospital, housing all types of patients including those with mental and nervous system disorders. Our affiliation with the University of Miami Medical School affords opportunity for work top level experts in the fields of Medicine and Science. Advancements for qualified persons is rapid. Apply: Miss Alice Mustard, Associate Executive Director, Patient Care Division, Jackson Memorial Hospital, Miami, Fla.



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STAFF NURSES: (a) Pacific Island hospital near large U.S. Naval Base; \$4500 plus quarters, transportation; (b) Overseas, American owned industry; excellent company benefits swimming pool; golf course for employees \$8100 plus air travel; RN 9-7, Burnside Hospital, The Medical Bureau, Inc., 900 North Michigan Ave., Chicago 11, Ill.

STAFF NURSES: Now staffing new 46 bed hospital opening in September. Good salary liberal personnel policies, Blue Cross group insurance. A Christian College in town offers opportunity for BS degree. Write Director of Nurses, Utlaut Memorial Hospital, Greenville, Ill.

STAFF NURSES: 245 bed hospital, 40 hrs. wk., 2 wks., vacation, 6 pd. holidays, 12 days sk. lv. annually, good recreational area. Apply Director of Nursing Service, Memorial Hospital, Casper, Wyo.

STAFF NURSES: All shifts in a fully accredited general Municipal Hospital, Hartford, Conn., Liberal personnel policies include pleasant working conditions, retirement plan, social security, paid hospitalization insurance, sick leave, vacation, holidays and other benefits. Salary Range: \$69-\$82.00 weekly. Appointment can be made at \$75.00 weekly. Write: Personnel Director, Municipal Hospital, 550 Main St., Hartford 4, Conn.

STAFF NURSES: 500 bed JCAH accredited hospital located on Florida's Gulf coast. Starting salary \$275 days, \$290 evenings and nights. Positions also available for Licensed Practical Nurses, starting salary \$206 days, \$216 evenings and nights. In-service program, annual increases, 8 holidays, sk. lv. and vacation benefits. Apply Director of Nursing, Mound Park Hospital, St. Petersburg 1, Fla.

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STAFF NURSES: 238 bed So. Calif. hospital. Salary Calif. registered nurses starts at \$3. Merit increases. Apply Director of Nursing, Cottage Hosp., Santa Barbara, Calif.

STAFF POSITIONS: All clinical areas including psychiatry, respiratory-rehabilitation center. Beginning salary \$300 monthly, periodic increases, 3 wks. annual vacation. Opportunity for college study, bachelor's degree program. Write Head, Department of Nursing,

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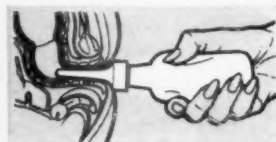
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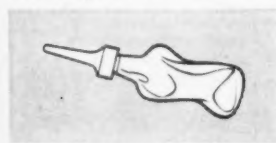
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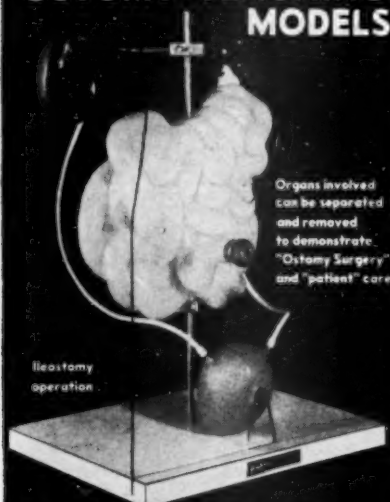
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Gah, R. C., DeLa Chapelle, N., Sowinski, R., and Downes, D.: Disposable Type Vials for Adding Medications to Large Volume Parenterals, *Am. J. Hosp. Pharm.* 17:101 (Feb.) 1960.

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1. Tebrock, H. E.: Ind. Med. & Surg. 20:480-482, 1951

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